MANITOBA

ANNUAL REPORT

1983

The Department of Health

MANITOBA

MINISTER OF HEALTH

Her Honour,
Pearl McGonigal,
Lieutenant-Governor
of the Province of
Manitoba.

May It Please Your Honour:

I have the honour to submit herewith the Annual Report of the Department of Health of the Province of Manitoba for the Calendar Year 1983.

Respectfully submitted,

L. L. Desjardins

Laurent L. Desjardins,
Minister of Health

MANITOBA

DEPUTY MINISTER OF HEALTH

The Hon. Laurent L. Desjardins,
Minister of Health.

Sir:

I have the honour of presenting herewith the Annual Report of the Department of Health of the Province of Manitoba for the Calendar Year 1983.

Your obedient servant,

T.R. Edwards, C.A.
Deputy Minister of Health

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ADMINISTRATIVE SERVICES DIVISION

Central financial planning for the Department of Health is a major function within this Division. This role is achieved by maintaining a close, co-operative relationship with all program and operational areas of the Department to ensure optimum use of health care dollars. This linkage is particularly evident during the Estimates Process, when the Division is responsible for co-ordinating the preparation of the Department's annual budget submission.

During 1983, the Division played an important role in the systematic review of all departmental services in order to identify desired programming initiatives and corresponding fiscal reallocations to support new directions. The outcome of this process provided a framework for the realignment of programs and resources with priority health needs.

In addition to its role in providing central financial planning, the Division provides essential support services to enable the Department to meet its service delivery objectives. Included in these services are central financial monitoring and processing, manpower acquisition and development as well as physical asset management.

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The Division also provides a range of services aimed at improving the operational efficiency of the Department, thereby increasing cost effectiveness while enhancing service delivery to the public. These services entail comprehensive operational reviews, internal audits, administrative studies, automation feasibility studies and implementation and maintenance of computer systems.

The Administrative Services Division also maintains a central departmental resource centre and a warehousing and distribution operation for medical supplies and home care equipment. The development and administration of departmental funding for external health agencies is also included within this Division.

The requirement to keep abreast of ongoing changing requirements and new developments in all facets of departmental operation and to harness the necessary resources to facilitate this development presents a unique challenge to this Division.

ADMINISTRATIVE AND FINANCIAL SERVICES BRANCH

This branch manages the Department's internal financial affairs, administers funding to external agencies, provides health library services including film and publication distribution and coordinates support services to meet departmental operating needs.

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With the disestabli hment of the Department of Fitness, Recreation and Sport on August 1, 1983, this branch also assumed responsibility for financial and administrative support services to the Sport Directorate.

During 1983, the branch participated in the systematic review of all departmental services undertaken to realign programs and resources with priority health needs. This process provided for significant progress to be made to stengthen the relationship of departmental program planning to the resource allocation process.

Through central financial planning and coordination, the Financial Management Section controls the Department's financial resources; facilitates the development of the Annual Estimates; conducts financial analyses and provides financial reports to senior management. The payment of accounts, collection of revenue and processing of employee payrolls are also provided by this section.

The Agency Relations section is responsible for determining appropriate funding conditions and administering funding to external agencies consistent with the provisions of The Financial Administration Act and related directives. During 1983, the responsibility for negotiating financial support for agencies providing services to seniors was transferred to this section from the Department of Community Services and Corrections. This was in keeping with efforts to consolidate health promotion services for seniors within

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the Department of Health. Also during the current year, a re-examination and redefinition of departmental funding criteria was undertaken in view of the expanded sphere of this branch's responsibility.

Reorganization involving the former Health Education and Professional Development Branch and Home Economics Directorate has resulted in a re-alignment of the health library services and the distribution system for audio-visual and print resources. These services are now provided by the Health Information Resource Centre. This amalgamation of the Home Economics and Health Education Resource Centres was undertaken to provide a single access point to departmental resource materials, achieve greater coordination of services and to effect cost reductions. With the Fitness program now an integral component of the Department of Health, fitness materials have been added to this Centre's collective resources.

To better meet department operating requirements for support services, the Operational Support Services section was strengthened in 1983 with particular emphasis on physical asset management. This section facilitates the planning, acquisition and management of departmental office space, vehicles, and equipment.

In co-operation with the Department of Government Services and the Jobs Funds, this section coordinated departmental efforts in planning for renovation and construction of nursing stations in Northern Manitoba. Renovations have now been completed at Easterville,

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Thicket Portage, Wabowden, and Ilford. A new station was constructed in Cormorant. Design is well underway for stations at Grand Rapids, Moose Lake and Pickwitonei with construction expected to begin during 1984.

This section also coordinates the implementation of Records Management consistent with the overall policy and directives issued by the Records Management Division of the Provincial Archives.

PERSONNEL MANAGEMENT SERVICES BRANCH

This branch is accountable for the development, implementation and maintenance of comprehensive personnel management programs including recruitment and selection; job evaluation, and pay administration; employee relations; management training in personnel functions and departmental personnel policies and standards. During 1983, these services were extended to include the Manitoba Lotteries Foundation.

Manpower resource planning took on added emphasis during the current year particularly during the estimates process.

Recruitment and selection activities continued under the Delegation Agreement with the Civil Service Commission which was extended for a further two year period in 1983. Activities were at approximately

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the same level as in 1982 with staff turnover remaining relatively the same as the previous year. Significantly higher numbers of applications appeared to be the norm for competitions which were open to the general public.

The branch cooperated with the Civil Service Commission in the implementation of the government's commitment to provide priority entry level staffing in clerical, typist and secretarial positions within the Winnipeg Core Area Agreement.

In 1983, individual classification reviews were conducted as well as several classification series reviews. In some cases, joint reviews were undertaken in conjunction with the Management and Analytical Services Branch to assess the impact of computerization on the human resources of an operating unit.

During this year, the branch assumed full responsibility for providing effective labour/management relations, providing assistance to managers in employee/employer relations and employee counselling services. Previously these services were provided to the Department by the Department of Community Services and Corrections.

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A number of seminars were held for management and supervisory personnel in the areas of recruitment and selection and performance evaluation. Feedback from participants was positive and demonstrated the workshop approach to be an effective means of educating staff in effective personnel practices and subsequently more are planned for in 1984.

MANAGEMENT AND ANALYTICAL SERVICES BRANCH

This branch provides a variety of analytical support services to senior management within the Department. Comprehensive operational reviews, internal audits, administrative studies, and computer systems are among the services available through this Branch.

Since its establishment in 1981, the branch has been charged with providing comprehensive reviews and internal audits consistent with guidelines established by Treasury Board. These operational reviews and audits are conducted on a request or systematic basis to assist management in the identification of problem areas. Potential changes are then suggested that will contribute to improving the economy, efficiency and effectiveness of the area under study.

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The ADMINISTRATIVE STUDIES UNIT is responsible for conducting studies relative to manual or computerized systems for purposes of developing, updating, and implementing new applications or changes to systems, procedures and forms for the Department's use. The Unit also participates in and provides support to organizational analyses and other operational reviews.

The COMPUTER SERVICES UNIT provides consultation to departmental management and users on technical matters relating to computer use. The Unit develops and maintains computer systems and provides the Department with expertise in the evaluation and acquisition of computer hardware and software. The Unit, formerly attached to the Administrative and Financial Services Branch, became a part of this Branch in the first half of the 1983 to integrate all analytical suppo t services within one branch of the Department.

During 1983, the branch's field of activities has included comprehensive reviews of the Children's Dental Program and Continuing Care Program as well as studies concerning aspects of the Medical Supplies and Home Care Equipment Programs. The branch has also had extensive involvement in the development of manual and computerized systems including the Manitoba Immunization Monitoring System, the Home Care Payroll, and an automated personnel tracking system.

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MEDICAL SUPPLIES AND HOME CARE EQUIPMENT BRANCH

This branch is responsible for the acquisition, storage and distribution of medical supplies and home care equipment. The equipment and supplies are provided primarily in support of the provincial home care program to facilitate patient home care.

During 1983, computer hardware was installed and it is anticipated the automated system will be fully operational early in 1984.

The wheelchair program was expanded to include the provision of a limited number of sports model wheelchairs to the physically disabled who require this specialty wheelchair mobility. These wheelchairs are provided on loan to clients under the advice of the Canadian Paraplegic Association.

Expansion of the Respiratory Support Systems Program to rural areas resulted in increased service demands which resulted in this branch having to purchase additional oxygen concentrator units. Substantial cost savings have been realized for individuals where high pressure oxygen was previously prescribed.

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HUMAN RESOURCE DEVELOPMENT BRANCH

An integral part of the planning for an effective organization is the continuous development of its human resources to enable staff to develop optimum work performance.

The planning and implementation of staff development for the Department of Health is the responsibility of the Human Resource Development Unit. During the past year, a comprehensive needs assessment has been conducted within all program and operational areas of the Department. As a result of this assessment, plans are underway to develop a comprehensive and integrated human resource development system for the Department. Such a system will provide effective learning opportunities for staff which will enable them to upgrade their individual skills in areas of need as identified by the Department and by the employees themselves. Development of this system is being undertaken in consultation with program and regional staff. Many components of the system are being designed with an inter-disciplinary approach to ensure applicability across programs and enriched skill development. An evaluation mechanism is being developed in conjunction with the training system for assessing the impact of the individual programs. The Unit continues to provide educational consultation to departmental staff on available education resources.

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As the department realigns its structure and functions to keep pace with identified needs, staff roles and tasks within the organization change. Assisting departmental staff to develop their skills will continue to be a major factor in ensuring effective service delivery.

COMMUNITY HEALTH OPERATIONS DIVISION

This division is responsible for the delivery of comprehensive community health services in eight regions throughout the province - Winnipeg, Eastman, Interlake, Parklands, Central, Westman, Norman and Thompson.

The Commnunity Health Operations Division is also responsible for the operational management of the provincial mental health centres - the Brandon Mental Health Centre and the Selkirk Mental Health Centre.

Regional Operations

In each of the eight health regions in the province, the health service delivery system is administered by a Regional Director who is responsible for the delivery of field services of the Department of Health and the Department of Community Services and Corrections.

Regional offices in Manitoba provide a wide range of health and social services. These services include: medical consultation

support services, communicable disease control, audiological services, maternal and child health, health promotion, health education, home economics, services to seniors, home care services, community mental health, dental health, environmental health as well as child welfare, community mental retardation and rehabilitation services.

Regional Directors report through channels to both the Department of Health and the Department of Community Services and Corrections. Program and fiscal control for health programs come within the jurisdiction of the Department of Health. Program and fiscal control for social services programs come within the jurisdiction of the Department of Community Services and Corrections. Both departments maintain central office provincial program directorates which have responsibility for program development, program standards control, program monitoring, technical support services and program financial control. These specialized program units work directly with the regional field system to provide essential program direction and support to the service delivery component.

At the Community Health Services Divisional level, the Assistant Deputy Minister of Community Health Programs and the Assistant Deputy Minister of Community Health Operations work in a dual executive capacity by exerting influence and accepting responsibility for activities related to program control and service delivery.

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The Executive Director of Regional Operations relates closely and directly to both Assistant Deputy Ministers regarding service delivery issues. The Program Directors relate closely to both Assistant Deputy Ministers and to the Executive Director of Regional Operations for matters concerning program support services.

To further ensure a co-ordinated operational system at the divisional level, a Community Health Services Division executive committee has been established. The committee is chaired by the A.D.M. of Community Health Services and is comprised of the A.D.M. of Community Health Programs, the Executive Director of Regional Operations, the Chief Public Health Nurse and the Chief Medical Officer of Health. This committee meets on a weekly basis to consider program and operational issues requiring policy decisions.

SELKIRK MENTAL HEALTH CENTRE

Selkirk Mental Health Centre provides psychiatric inpatient and outpatient treatment to the residents of Interlake, Eastman, Thompson, Norman and Winnipeg Regions. The total population of these regions is approximately 800,000. The outpatient services consist of consultative services to Eastman and Interlake Regions, plus itinerant services to Winnipeg, Thompson, Norman Regions and Selkirk District. The average daily inpatient population at Selkirk Mental Health Centre has decreased from 370.7 in 1982 to 360.7 in 1983.

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Long range plans for Selkirk Mental Health Cenre are being reviewed in light of recommendations made by the Mental Health Working Group Report which was completed in September of 1983.

The Selkirk Mental Health Centre has three active inpatient treatment units. The Reception Unit services the Winnipeg Region, including referrals from Forensic Services. Admission criteria for referrals from Winnipeg psychiatric facilities were reviewed and updated. During 1983 group programming for patients was further developed. The patients' specific needs are identified by the treatment team consisting of psychiatric nurses, social workers, occupational therapists, psychologists and psychiatrists. Individual or group programs are developed and implemented to meet patient needs and the effectiveness of the program is evaluated on an ongoing basis. Programs include activation, effective living, personal effectiveness, drug and alcohol education, life skills, stepping out, healthy living today, women's world and religious discussion. Programs have been changed through evaluation and updated to involve groups more appropriate to long term patients and younger clientele. Planning for the fire safety and other upgrading of the Reception Unit is now nearing completion. A committee from the unit has assisted in the planning process. During the renovation period, patients programs and services will be relocated to B Unit.

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The Selkirk Psychiatric Institute services Norman, Thompson, Eastman, and Interlake Regions including Selkirk District. Group programming has been augmented to meet the needs of a wider range of patient functioning. Programs in assertiveness training, emotive training, mood control, cultural awareness and activity discussion groups continue to prove beneficial. The Selkirk team provides a day care program as well as outpatient psychiatric assessment and counselling. The Northern team continues to work collaboratively with community mental health service providers in Thompson and Norman Regions with a view to developing and implementing training programs for local service teams.

The Infirmary Unit provides services to psycho-geriatric patients, long-term patients and patients with medical problems. A modified reality orientation program which incorporates male and female patients is continuing to be very popular. Other programs involve handicrafts, exercises, grooming, films, cooking classes, music appreciation, games, outings, and discussions for long term handicapped patients who cannot be included in the Centre's active rehabilitation programs. The family living group program remains very active, involving basic social and communication skills and community outings. Planned outings include trips to parks, historical sites, summer festivals, shopping trips, sporting events and other attractions. These experiences have provided patients with the opportunity to increase their social skills and their knowledge of the community and its resources. Those patients requiring more physical care take

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part in special exercise programs on the wards geared to their capabilities. They also take part in memory and comprehension games, grooming programs, gardening and caring for houseplants as well as helping to care for their environment. Those patients who are unable to take part in outings look forward to enjoying our new gazebo which will be completed early in 1984.

Patient Care Services have been enhanced through the introduction of assessment procedures on admission which automatically requires each treating discipline to contribute professional input into the diagnostic and treatment processes for each admitted patient. Changes are being made to provide more uniform treatment assessment and review procedures throughout the treatment units of the Centre. Monitoring of these procedures is being maintained through program audits.

Other qualitative treatment changes being implemented include: the use of passes to reinforce treatment goals, transfer of function policies, participation of the Pharmacist in pre-discharge counselling and expansion of the Patient Self-Administered Medications program to all units of the Centre.

The Centre has published an Information Brochure designed to serve the needs of patients, their families and other interested lay and professional persons. This package of information includes an

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orientation to the Centre, knowledge with respect to daily hospital routines, descriptions of the services of treating personnel and patients' rights.

The Centre provides extensive outpatient and outreach support services in Winnipeg, primarily to former patients, through its community based clinic at 189 Evanson Street. Such service include long term psychiatric stabilization as well as collaboration with community mental health service providers to enhance social integration and rehabilitation of patients. The Centre maintains its collaborative arrangements with Winnipeg Region in the promotion of a variety of community-based activity centres for former patients. Such centres include church organizations, the YMCA, YWCA and YMHA.

Additional alternate care facilities are maintained by the Independent Group Living Programs in Winnipeg and Selkirk. The Centre has utilized 34 homes and apartments made available from provincial and urban housing authorities. The program emphasizes teaching and reinforcing daily life skills such as home management, personal hygiene, cooking, budgeting and use of community resources. In excess of 85 former patients have been accommodated in the program during the past year. Of these, approximately 25 are now managing independently in a shared apartment, or are living on their own.

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The School of Psychiatric Nursing continues to offer the provincial curriculum under the authority of the Registered Psychiatric Nurses Act. Enrollment of students has been maintained at 40 with a view to stabilizing the manpower supply and demand in the health care system. The complementary program in psychiatric nursing for Registered Nurses continues to be available. It is anticipated that approximately 30 students will graduate into the workplace in each of July 1984 and July 1985.

The Centre's Volunteer Services includes a large nucleus of church and community organizations which provide contact for patients at the Centre and in Winnipeg. The number of individual volunteers has increased during 1983. Volunteers in Winnipeg are involved with groups and individual outpatients. Patients at the Centre do volunteer work within the centre and in the Town of Selkirk.

The Patient's School program offers opportunities for Centre patients to continue academic and social learning experiences as part of a total treatment program. The school offers instruction in regular curriculum courses, adult basic education courses, correspondence courses, and remedial instruction; specialized instruction for those with specific learning disabilities, and liaison and supervisory service with community-based education facilities. In 1983, the basic adult education course became affiliated with Red River Community College and now can provide Grade 10 certificates recognized by the College.

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A highlight of the summer was the activities at the Centre's camp on Red Rock Lake in Whiteshell Provincial Park. The camp provides summer recreational activities for long term patients and for community mental health clients who have no other options for this type of programming.

The Community Awareness program continued in 1983. The objective of the program is to have local agencies and service groups such as the Selkirk Chamber of Commerce, senior staff of the Interlake Regional Health and Community Services, and Selkirk Regional High School Student Council, become more familiar with services Selkirk Mental Health Centre provides to citizens of the area.

During 1983 emphasis was placed on staff training and professional development. A number of courses were conducted for staff on Stress Management, Supervisory Skills, Communications, Prevention and Management of Disturbed Behaviour, Psychopharmacology, Cardio Pulmonary Resuscitation and Employee Performance Appraisals. An Inservice Dietary Training Program was developed and implemented for the Dietary staff. A pre-retirement seminar was held for 25 of our staff, some of whom took advantage of the Government's early retirement program. Accident Prevention and Safety was re-emphasized through lectures and training films for various departments within the Centre.

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A broad cross section of staff benefited from numerous conferences and seminars contributing to the Centre's program of professional development.

The Centre's Pharmacy Department continues the developmental steps required to convert the drug distribution system from ward stock to individual prescriptions. One-write physician order sheets were implemented throughout the Centre; inpatient medication profiles were established for Selkirk Psychiatric Institute unit and a combined individual prescription and ward stock system has been developed for implementation in Selkirk Psychiatric Institute.

In May 1983, the Selkirk Mental Health Centre Executive Committee approved in principle the relocation of inpatient clinical records from centralized locations to respective wards. This conversion, including staffing changes, has been implemented in Reception unit and will be expanded to the two remaining units in 1984.

The Selkirk Mental Health Centre is actively preparing for the 1984 Accreditation Survey. As a prelude to this continuous process, several senior staff attended the workshop on Quality Assurance which was sponsored by the Canadian Council on Hospital Accreditation. A subsequent Audit Workshop was very well received by all departments

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within the Centre. Plans are currently being developed to initiate a formal multi-disciplinary Quality Assurance Program which will assist the Centre in continuing to provide high level patient care and services.

BRANDON MENTAL HEALTH CENTRE

The Brandon Mental Health Centre provides a broad spectrum of Mental Health Services to a catchment area of approximately 210,000 residents in the Westman, Parklands, and the western half of Central Regions. These services include residential treatment and care for acute, medium or long-stay patients, plus day care, partial hospitalization and aftercare programs. Outpatient services for children and adults are also provided by our staff located at the Centre itself, within our offices at the Provincial Government Building in Brandon, and to a lesser degree than in previous years, by the Centre's travelling clinics throughout our catchment area.

In September 1983 a psychiatrist was hired and appointed as Director of Clinical Services. The Director is responsible for implementing a total reorganization of our clinical services with the overall objective being to provide the most efficient and effective care possible within available resources. While Brandon Mental Health Centre's direct services were being restructured, it was necessary to limit resources travelling within the community. The major

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significance of these changes will be the assignment of human resources with their expertise to areas of care to which they are trained and most capable of performing. Included in this multi-disciplinary team approach is the development of a comprehensive out-patient department; an acute admissions unit; a rehabilitation unit; a geriatric unit; a quality living department; and a behaviour modification program.

Based on the initiative of the Psychology Department, the Brandon Mental Health Centre Nurses' Alumni generously donated funds in 1983 for the purchase of the Centre's first micro-computer. The computer is already being used for word processing, file systems on program evaluation as well as an educational tool in our Adolescent School Program.

With the assistance and approval from Manitoba Health Services Commission and the Salvation Army, architectural plans have been finalized for the relocation of our adult Day Care Program to the proposed new Salvation Army Nursing Home. This new facility, scheduled for construction in 1984, will be capable of handling 60 residents and 25 to 30 of our clients daily. Expected completion date of this new facility is the spring of 1985.

A successful summer camp involving 85 patients during a three week program was held at the Anglican Church Camp site at Clear Lake. This program offers an enjoyable recreational respite for longer term

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residents of the Centre. Another major summer program, "Ninette House", provided a respite for clients and a holiday for the care providers. The program was conducted from May 16, 1983 to September 2, 1983 with 45 cleints from residential care homes enjoying recreational activities and outings provided in this alternative housing situation.

A highlight of the year at Brandon Mental Health Centre was the incorporation of "Community Welcome Coop", previously known as Community Acceptance. This coop, a self-help group of former patients from the Centre whose purpose is to meet the social, recreational, employment and housing needs of its' members, purchased a large historical residential building in Brandon. Renovations plans are being finalized with occupancy scheduled for June 1984.

During 1983, Brandon Mental Health Centre significantly increased its volunteer input from 249 hours in January to 708 hours in November. The actual numbers of volunteers working at the Centre also increased greatly from 25 to 48 in this period. The Centre has recently established a Volunteers Hall of Recognition which recognizes long-term volunteers.

The Centre's School of Nursing successfully graduated 26 students in the Registered Psychiatric Nursing Program. During the first term, 32 students were selected for admission. A major area of ongoing

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review will be the assessment of future nursing manpower requirements, student intake numbers and bursary assistance.

Occupational Therapy and Adjustment Services initiated several innovative and new programs, including "Goal Attainment through Education" for patients who experience the more disabling effects of mental illness. Elderly patients also enjoyed the creation of a miniaturized vegetable and flower garden immediately adjacent to their activity area. For the patients who enjoy fishing, an unused reservoir located on our grounds was tranformed into a fishing area and was stocked by the Province's fish biologists.

The Pharmacy Department took a lead role in the establishment of a Provincial Standing Review Committee which is charged with the responsibility of evaluating current drug purchases and contracting procedures. This department indicated that total patient prescriptions were fairly static in number despite the 10% increase in the total number of clients. This reflects a trend towards less polypharmacy. The decrease in the number of in-patient prescriptions indicates a trend toward the utilization of more specific therapies. The major goal of the Pharmacy Department will be to have the Pharmacy and Therapeutics Committee take a more active role in therapeutics rather than in the administrative aspects.

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Brandon Mental Health Centre's average daily patient population also showed a decrease from 535.1 in 1982 to 506.0 in 1983. The trend follows the current philosophy on mental health which places emphasis on deinstitutionalization and is reflected in a shift of care from hospital care to community-based programs. In 1984, the Brandon Mental Health Centre will be focusing our resources toward the provision of both in-patient and out-patient care.

COMMUNITY HEALTH PROGRAMS DIVISION

This division provides program development and support services for the programs of the department as delivered by the regional offices of the Department of Health and Community Services and Corrections.

Directorates in this division monitor and provide standards for program development to the health service delivery system. These units are also responsible for providing staff training and development relative to their program.

HEALTH PROMOTION DIRECTORATE

The Manitoba Department of Health underwent a reorganization in March and April 1983. The reorganization was undertaken to accomplish two goals:

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1. To promote working relationships along functional program lines rather than disciplinary lines

and

2. To promote new health promotion initiatives and strategies to address the health needs of the 1980's and 90's.

A Health Promotion Directorate was established and staff members joined the Directorate through transfers from the existing departmental positions. The role of the Health Promotion Directorate relates to the planning and development of new health promotion initiatives.

The Directorate is currently developing a provincial/regional mortality and morbidity data base. The intention is to use this data base to identify high risk groups which may be potential target groups within the scope of Health Promotion.

The Directorate consists of four sections: Home Economics, Health Education, Fitness, and Services to Seniors with an evaluation section to be developed.

Home Economics Section

Home Economic Services coordinate the Home Economics program in Manitoba with field delivery provided by 10 Home Economists in

the Department of Health and 17 Home Economists in the Department of Agriculture. Major target groups for nutrition education, money management and related consumer and homemaking skills are low income, young families and farm families.

In 1983, a total of 3,392 women were reached through prenatal nutrition education programs.

Regular prenatal nutrition classes address the importance of good nutrition and appropriate weight gain for optimum health of mother and baby. Early identification and management of the high risk pregnant woman continues with risk screening done by Winnipeg region Home Economists and follow up through individual counselling.

Pregnant adolescents attend special nutrition classes held by Home Economists and public health nurses or receive individual counselling. To help reach the pregnant native woman with nutrition information a summer student project developed a slide and tape program, "Have a Healthy Baby".

Post partum classes, infant feeding classes, and child health clinics continue as a vehicle for teaching new parents about up-to-date recommended infant feeding practices.

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Development of good nutritional habits in youth is the aim of in-service training, consultation and follow up provided to day care workers, elementary school teachers and group home providers.

The "Discovering Good Foods" resource manual was revised to reflect the new recommendations and 4 week cyclic menus developed. This section has also revised the Food for Thought, Big Ideas Workshop to support the new curriculum and has trained Education students at the University of Manitoba.

In order to standardize procedures for menu assessment, a menu assessment manual as well as a menu planning, inventory control and purchasing handbook were developed in 1983. Other nutrition related educational programs carried this year include food buymanship, weight management, menu planning, diet counselling, diabetics education for native clients and heart health information, nutrition information for the well elderly through a summer student project and a regular T.V. show on Seniors Hour. The provincial nutrition program for 1983 reached a total of 36,095 people.

In the area of money management, one to one financial counselling for help with budgets and financial crisis continues. To assist staff to more accurately calculate the cost of living, the Budget Guide was updated.

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A total of 8,130 people received financial management information and assistance during 1983.

The clothing and housing programs are linked closely to money management since they are designed to help people maximize their income to meet rising costs. Families with young children and those of lower incomes receive information on purchasing garments based on their needs and available resoures. A total of 5,118 people were reached with information on clothing construction, buymanship and care.

In the housing program, a workshop or course designed to provide practical ways of extending the housing and home furnishing dollar through cutting utility costs, identifying needs and resources, developing a plan for buying home furnishings and maintenance of furnishings to extend their life received major inputs of time. Wood heat seminars to provide information on the selection, safe installation and maintenance of wood burning appliances was another program thrust. A total of 3,256 Manitobans participated in the housing program.

The Home Economics Volunteer Program contiues to complement and extend Home Economics services in Winnipeg. Forty six Home Economics volunteers worked in a total of 93 projects reaching 1,451 individuals. Volunteers continue to work in priority program areas of: prenatal risk assessment, child health clinics,

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nutrition counselling for pregnanty adolescents, teach Baby Budget courses, providing information on nutrition, lifestyle and money management to young mothers, well elderly and young marrieds.

The resources for the Basic Living Skills program were printed in 1983. Limited training of Home Economics staff, mental health workers and community residence staff has taken place.

The federal/provincial cost-shared project on the development of guidelines for teaching nutrition education to native clients was completed with a final report distributed to staff and appropriate agencies.

Home Economics Section is responsible for program direction, planning and evaluation, resource development, technical competence, and training of Home Economics staff. It also acts as a resource to program directorates and agencies in matters pertaining to Home Economics.

Two provincial workshops were conducted in 1983 for Home Economics staff which focused on financial counselling training and interviewing skills, as well as a technical update.

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Health Education Section

The priorities for Health Education Section activities have been school health education and smoking cessation.

The Health Education section of the Health Promotion Directorate has worked in cooperation with the Manitoba Department of Education to develop a school health curriculum for school children from the Kindergarten to Grade Nine level. In addition, work aimed at developing and supporting school-community health promotion efforts for children and youth has been accomplished through staff involvement in an interagency organization - Agencies for School Health. This organization was responsible for the development of ten audio-visual programs entitled "Health for Youth" which were directed to parent groups and families. At the field level, regional health educators have been actively involved in parent education programs and family life education.

Staff continue to be actively involved on the Manitoba Interagency Council on Smoking and Health in the area of smoking cessation. Highlight activities within the interagency council were: Advocacy for the City of Winnipeg By-law to Regulate Smoking in public places which was implemented on December 23, 1983 and the development of a workshop "Smoking in the Workplace".

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In 1984, priorities for program planning involve an examination of possible educational activities concerning Diabetes and hypertension.

Fitness Section

The major role of this section is to promote fitness and to train fitness leaders. Some recent activities undertaken by the Fitness Section include:

A project called "corporate challenge" to promote an interest in fitness among business staff in companies.

A program for companies called "family challenge" which stresses family participation. (Three companies plan to hold such a program early in 1984).

In cooperation with the Department of Culture, Heritage, and Recreation, fitness staff provide training courses for fitness instructors and senior fitness instructors in all areas of the province.

In cooperation with the YMCA, YWCA, and the City of Winnipeg the Fitness Section has developed a mutual agreement on the Direction of Fitness Leadership courses throughout

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the province. A publication outlining this cooperative and coordinated approach is now being produced.

Future directions for the Fitness Section include the co-sponsorship of a physical activity week in May 1984 for co-operation with the Manitoba Physical Activity Institute. The Fitness staff will also be working closely with the Manitoba Society of Seniors in developing the Second Annual Provincial Seniors Olympic in 1984.

Services to Seniors Section

Services to Seniors continued to provide organizational and community development services to help older persons and seniors' organizations. This involves field staff contact with approximately 300 seniors' organizations in rural Manitoba (Winnipeg is serviced by a private agency - The Age and Opportunity Centre). Services to Seniors continue to be actively involved in attempting to establish a network of multi-service senior centres in rural areas. These centres are intended to be focal points on aging as well as providing specialized, accessible programs and services to the older person. The emphasis in senior centre programming will be on healthy lifestyles although the multi-purpose senior centre incorporates a health promotion concept in most of its functions.

COMMUNICABLE DISEASE CONTROL

The primary goal of Communicable Disease Control is to control

communicable diseases throughout the province. If we look back 50 years to 1933 we can observe that considerable progress has been made: -

	1933 (Population 718,000)		1983 (Population 1,047,200)	
	Deaths	Cases	Deaths	Cases
Tuberculosis	414	428	9	197
Whooping Cough	22	2,229	0	6
Diphtheria	19	405	1	2
Typhoid	15	126	0	3
Polio	5	8	0	0
Measles	3	104	0	1
Smallpox	0	1	0	0

In 1933 the number of Diphtheria cases was noted to be the lowest on record - due largely to an immunization program begun in 1929. Measles is usually of an epidemic nature every other year. We are now involved in a program to eliminate measles. While there was one case of smallpox in 1933 - this disease has now been totally eradicated from the world. Tuberculosis remains an ever-present communicable disease problem in Manitoba.

Immunization

A policy has been established to give measles, mumps and rubella vaccine to children at 12 months of age in order to strengthen the Measles Elimination Program as well as assist in the reduction of Congenital Rubella syndrome cases.

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In spite of an increase of Influenza vaccine ordered this year the demand outstripped the supply.

Human Diploid Cell vaccine has been adopted as standard for pre-exposure vaccination against Rabies in addition to post-exposure prophylaxis.

Hepatitis B vaccine was introduced in Manitoba in 1983.

The Manitoba Immunization Monitoring System - computerization of Immunization records has been modified by transfer of a computer to Preventive Medical Services. It will provide a key to instant retrieval of information and still be able to receive data on communicable diseases from Cadham Provincial Laboratory. It will also provide word processing and other related functions.

Measles Elimination Program

Measles Elimination has been officially adopted as a policy of the Department of Health working in co-operation with the Department of Education. The Public Schools Act has been amended to require immunization against measles as a pre-requisite to school entry.

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The reglations under the Public Health Act have been amended to allow for exclusion from school of non-immune contacts of a case, among 2 - 4 year old children in the province, 95% have been immunized against measles.

Rubella

The rubella epidemic which has been present for more than 12 months appears to have peaked and we are now seeing only sporadic cases. Of the three hundred and seventy four cases which were laboratory confirmed (512 additional reported cases were almost certainly rubella) 102 occurred in women in the child-bearing years and 4 of these were known to be pregnant. The one child reported as congenital rubella in 1983 was born in 1982.

In 1983, the Department of Health began recommending that the measles-mumps-rubella (MMR) be given to all children at 12 months of age. In addition, we will continue to immunize girls at 11-12 years of age and any other women who are susceptible with rubella vaccine.

Diphtheria

Two cases of diphtheria were reported in this year - both in residents of Winnipeg. The first occurred in a 60 year old woman

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who was probably not immunized and subsequently died. The second and milder case occurred in a young boy who was completely immunized and made a rapid recovery. Forty-eight diphtheria carriers were identified. The persisting presence of diphtheria organisms supports the need for continued immunization against this disease.

Tuberculosis

In addition to 29 cases of primary tuberculosis, 168 cases of secondary tuberculosis were reported in 1983. An outbreak of tuberculosis occurred in Western Manitoba with the majority of the 33 cases originating in two reserves - 25 of these were primary. The risk of tuberculosis in the general population is extremely low and the routine use of BCG vaccination for hospital employees has been discontinued.

Hepatitis A

The number of cases of reported Hepatitis A has more than doubled since 1982 with 426 cases notified this year. Most cases occur in areas with poor sanitation and inadequate hygienic practices. The main thrust of prevention needs to be the provision of adequate supplies of clean water and appropriate sewage facilities combined with education and selected use of immune globulin for contacts.

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Shigella

Shigella outbreaks in Manitoba are associated with the same kinds of conditions as most of our hepatitis outbreaks and the same basic preventive measures apply (with the exception of immune globulin). Of the 440 reported cases the majority occurred in children. A different strain of shigella which is resistant to the antibiotics commonly used became predominant this year. This emphasizes the need for prevention as opposed to treatment.

Rabies

The number of cases of animal rabies in Manitoba has decreased to about half the number reported last year. There has been a corresponding decrease in the quantity of vaccine distributed.

Hepatitis B

Seventy three cases of Hepatitis B were reported this year and we continue to identify carriers of this virus in the population. Vaccine against Hepaitis B became available in Manitoba in 1983 and we will continue to use this vaccine and Hepatitis B immune globulin to protect persons at risk of acquiring the disease.

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Acquired Immune Deficiency Syndrome

A young Manitoba man with recurrent opportunistic infections was diagnosed as having the acquired immune deficiency syndrome. He had no known risk factors and is undergoing further investigation. At present he remains relatively well.

Western Equine Encephalitis

One of the major events of the year that created much activity in the Directorate was an outbreak of western equine encephaltitis. In mid July the Manitoba Arbovirus Surveillance Committee reported that two essential ingredients for an outbreak were present - virus activity and large populations of the Culex tarsalis mosquito. An intensive public information campaign regarding the disease and the need for personal protection measures was followed by aerial spraying of 31 communities. Sixteen cases of WEE were reported and one (with concomitant illness) died. In addition there was one mild case and one asymptomatic infection discovered during epidemiological investigation. Twenty-three horse cases were also confirmed.

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Influenza

The 1982-83 influenza season was unusually long and four different strains were identified - A/Brazil/78, A/Oregon/80, A/Phillipines/82 and B/Singapore.

The 1983 component of the 1983-84 'flu season has not produced any virus isolates.

Enteroviral Infections

Although enterovirus infections are not reportable, they were a common cause of illness during 1983. A total of 170 persons had documented enterovirus infections and outbreaks were investigated at the St. Boniface Hospital nursery where ten infants were involved and at the St. Amant Centre where 39 cases occurred. A total of 10 cases of enterovirus meningitis were noted.

Rare Diseases Included:

- One Leprosy in a native Canadian who had spent years in the tropics;

- Ten Malaria cases among immigrants or vacationers;

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- One tetanus case in an elderly woman who had never apparently been immunized;

- Five cases of Legionella, with no source identified;

- Two cases of Psittacosis - one in a pet shop worker handling imported exotic birds; the source of the other case has not been identified;

- 26 cases of amebiasis, many among persons who had been abroad. Some cases and numerous carriers of amebiasis continue to occur in residents of some institutions;

- One case of Rocky Mountain Spotted Fever in a man who acquired the disease either in Kenora or Winnipeg.

- There were 2 cases of Typhoid Fever identified in Central Region. Investigation involved several agencies, but resulted in the cases being linked to a known carrier who was related. A third case reported was in a person returning to Manitoba after a holiday in the tropics.

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Rheumatic Fever Prophylaxis Program

Persons who have had rheumatic fever, particularly if the heart has been involved, often need to be on prophylaxis (usually penicillin) to prevent recurrences. These drugs are provided free of charge through the program.

Life-Saving Drug Program

This program is designed for those persons requiring medication for life-sustaining purposes who cannot afford to purchase it themselves.

SEXUALLY TRANSMITTED DISEASES

The primary objective of the Sexually Transmitted Disease Control Program in Manitoba is to reduce the incidence and prevalence of sexually transmitted diseases (S.T.D.). Gonorrhea and Syphilis are among the major S.T.D.'s required to be reported to the S.T.D. Control Directorate. The S.T.D. Directorate is also involved in the monitoring and follow-up of sexually transmitted infections caused by Chlamydia trachomatis and - Herpes simplex virus.

The major activities of the Sexually Transmitted Disease Control Directorate include:

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1. Development and Monitoring of Program Standards and Guidelines

In order to effectively control S.T.D.'s, a consistant and cohesive approach to total management is essential. The S.T.D. Control Office assesses each report received to ensure that the management of patients and their contacts has been adequate.

2. Maintenance of a Central Registry

The Central Registry allows for the tabulation of statistics and the identification of high-risk groups. It also provides important data necessary for program planning. The number of reported cases of gonorrhoea for 1983 was less than in 1982. Although we believe this to be a true decrease in incidence, it is difficult to entirely exclude other factors (e.g. the decrease in laboratory submissions; a change in the makeup of the population at highest risk). Two cases of penicillinase-producing Neisseria gonorrhoea were identified. Epidemiologic investigation suggested that one was acquired in Africa and one in South East Asia.

Of the 1,052 positive syphilis serologic reports received from the Cadham Provincial Laboratory, 224 individuals were not known to the Directorate and required indepth investigation to rule out the possibility of infectious disease. There were 33 cases of infectious syphilis reported in 1983 compared to 13 in 1982. Only 2 of the 33 cases occurred among females.

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No cases of other reportable S.T.D.'s were documented in 1983.

3. Education

Updates for professionals on the management of sexually transmitted diseases remains an important activity. Total management of cases and contacts requires the combined efforts of physicians, nurses, and laboratory staff. Lectures on the management of the major S.T.D.'s were provided to 475 student nurses and 153 post-graduate nurses. Five courses prepared 36 community and institution nurses in the advanced methods of patient interviewing and contact tracing. Twenty-two community nurses employed by Health and Welfare Canada, Manitoba Region, were oriented to the Sexually Transmitted Disease Control Program.

The Directorate continues to work in developing and promoting public education regarding sexually transmitted disease.

4. Reporting

A key factor in disease control is to provide positive laboratory results to the physician and the public health nurse in the shortest period of time. The joint program involving the Cadham Provincial Laboratory and this Directorate which was initiated in 1982 has been modified so that positive lab results on all S.T.D.'s are forwarded

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from the Laboratory to the Directorate via computer. A nurse at the Control Office calls the attending physician the same day to: (1) relay the positive test results; (2) collect pertinent data; (3) provide information when required; and (4) promote the follow-up by the public health nurse or physician, of sexual partners. This program has definitely assisted the physician and has made it possible for patients to be interviewed and contacts to be traced as quickly as possible.

The monitoring program to assess the frequency and significance of sexually transmitted infections caused by Chlamydia trachomatis and Herpes simplex virus continued in 1983. In this year 749 Chlamydia trachomatis isolates and 881 Herpes simplex virus isolates (from genital lesions) were identified by Cadham Provincial Laboratory and monitored by this Control Office.

5. New Programs

We are presently planning a study to assess the prevalence of chlamydia (and gonorrhoea) in pregnant women at full term. This will give us local data and will also assist us in formulating recommendations for ocular prophylaxis in newborns.

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The major activities as outlined will continue throughout 1984. In addition, we at the Directorate are continuing with plans to implement a concentrated effort to identify, counsel and follow-up individuals who have had repeated infections. By so doing it is hoped that a major reservoir of infection will be identified as well as the pattern of its spread. This information is crucial for cost-effective program planning.

FOOD PROTECTION OPERATIONS

the Department of Environment to the Department of Health on July 1, 1983.

Food Protection programs are designed to provide all Manitobans with the highest possible level of protection from unsafe or unwholesome foodstuffs. This objective is attained by:

- Detecting and controlling microbiological chemical and physical contamination in the production, processing, packaging, marketing and service of all food products;

- Resolving food related complaints and enquiries;

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- Investigating suspected food borne disease outbreaks and ensuring that appropriate remedial action is taken;
- Developing and presenting educational programs to the food industry, educational institutions, regulatory agencies and the public;
- Providing technical support service to the food industry and regulatory agencies;
- Developing and monitoring food regulations or guidelines; and their field application.

The responsibility for these programs were transferred from the Department of Environment to the Department of Health on July 1, 1983.

The Food and Food Handling Establishment regulations were completely revised during the year. A major 1984 activity will be the detailed review of these new requirements with the field staff and the food industry to ensure their smooth and effective implementation. All food handling establishments will now require operating permits with annual approval necessary for food service establishments.

Under the agreement with the Cadham Provincial Laboratory, arrangements are made to conduct or arrange bacteriological and other tests on food samples submitted as a result of specific complaints and those taken as a part of a monitoring program of potentially hazard-

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ous food groups. A screening and interpretation service in this area is provided. Testing priority was given to the ready-to-eat foods with meat or poultry ingredients. Emphasis was also placed on foods displayed to the public in food service establishments and retail food stores. Pesticide and heavy metal contamination in foods were also monitored in conjunction with other agencies.

A general safety and quality assessment service for all food items was provided, including the investigation of food borne disease outbreaks. Efforts were made to improve the reporting and investigation of food borne disease incidents cooperatively with the related agencies. Training seminars in this area are scheduled for 1984.

Leadership was provided in forming an expert committee of industry, consumers and regulatory agency representatives to examine and recommend action to reduce the Salmonella problem in foods.

Particular attention was given to ensuring that all complaints are investigated fully and that the results are provided to the complainant. Foreign material such as glass, metal and insects in foods is continuing to be reported and preventive measures are ongoing with the food manufacturing and processing industry in an effort to reduce these occurrences.

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Twenty-nine rural red meat slaughterhouses operate with inspection and approval of animals for health/safety under the Federal/Provincial Domestic Meat Inspection agreement. One poultry plant is included in this program.

Leadership and direct participation in food industry education programs in cooperation with industry organizations and other control agencies was provided. Both printed and audio-visual materials were utilized. Programs were directed to:

- Food Sevice Operations
- Meat Processors
- Retail Food Stores
- Educational Institutions, and
- Consumer groups

ENVIRONMENTAL HEALTH SERVICES

The development of the Environmental Health Program has continued through involvement of the Director in providing seminars on subjects related to environmental epidemiology and as well as providing ongoing consultation and advise on health aspects of environmental matters. In 1983, there has been considerable activity in relation to radiation in well-water. The Director

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is now chairman of an expert committee with federal and non-governmental representatives to determine the impact of such radiation on health.

The Director represented the province at two meetings of the Federal/Provincial Advisory Committee on Environmental and Occupational Health.

Consultation was provided to the Clean Environment Commission on several occasions and hearings in Balmoral and Fort Garry were attended by the Director.

Numerous activities relating to hazardous goods and the transportation of dangerous goods took place during the year as assistance was given in developing federal and provincial legislation. In addition to providing advice frequently to the general public and departmental staff, the Director served on a number of ad hoc and permanent committees on Radiation Protection, Red River Water Quality, Beekeeper's Compensation Committee, Federal-Provicial Liaison (under the Canada-Manitoba Accord), Western Equine Encephalitis Mosquito Control Review, Mercury in Fish and most notably, the Health and Environment Review Committee (HERC) which nearly completed the first draft amendment to the Public Health Act in 1983.

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DENTAL HEALTH SERVICES

The aim of Dental Health Services is to accomplish an improvement in the dental health of all Manitobans. In achieving this goal, four major activities are involved; dental treatment, utilization of effective dental public health measures, dental health promotion and education and research into dental public health problems.

The Manitoba Children's Dental Program delivers dental treatment services to approximately one quarter (45,000) of the province's children 6 - 14 years of age. The children within this program live outside the Winnipeg Region and are located in 29 school divisions, most school districts and remote schools. The children are assigned according to residency to one of the two modes of delivering the program. The Manitoba Dental Association (M.D.A.) administers and provides for approximately half of the dental treatment according to a fee-for-service arrangement utilizing dentists in private pratice. The Department of Health's program is school-based utilizing dental nurses, assistants and dentists.

A major step in the delivery of public dental health services was the decision to graduate children fifteen years of age from the program as of December 31st, 1983. The effect will be to expand the Children's Dental Program (6 - 14 year olds) into other areas of the province according to the dental needs of the children. A

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special in-house review including an analysis and recommendations by an outside dental program consultant has provided a framework to reshape the Children's Dental Program.

The utilization of the school-based dental program remained consistant at all age levels (85% of eligible chilren). The Manitoba Dental Association data, as currently available, structured to provide equivalent or comparative information.

Dental Health Services assisted small communities to purchase municipal fluoridation equipment in 1983. It also provided special grants to the St. Amant Centre, the Churchill Northern Health Services, the University of Manitoba Dental College, and the Swampy Cree Tribal Council in northern Manitoba.

Ten candidates for the Dental Nurse Training Program were provided with bursary assistance to undertake the two year training program at the Wascana Institute in Regina.

Because of the difficulty experienced by the Swampy Cree Tribal Council in implementing their Children's Dental Program, Dental Services staff from all of the Regions on a volunteer basis, spent part of the summer providing dental treatment to children and adults at Pelican Rapids, Moose Lake and Grand Rapids. Five hundred northerners, including three hundred and eighty children, benefitted from this project.

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OFFICE OF HEARING CONSERVATION

The Office of Hearing Conservation is responsible for the development and implementation of hearing screening, diagnostic assessments, and (re)habilitative audiology services in the heatlh regions. The objectives of this program include the prevention of hearing impairment as well as its early identification, the initiation of appropriate rehabilitative procedures, and research into techniques and methods designed to achieve these goals. Each rural health region now has a hearing centre and Winnipeg region is in the process of being developed. All hearing centres are equipped with diagnostic test instruments for assessing hearing sensitivity and for evaluating the performance of hearing aids. Sufficient portable equipment is also available at each Centre for conducting basic hearing tests at locations other than the permanent facility. Each Centre is staffed by a professional audiologist and in some regions, an audiometrist is employed to assist the audiologist with the hearing program.

Activities of the Office of Hearing Conservation can be grouped into three general categories: clinical, educational and administration.

1. Clinical: The major clinical activity of this program has been the organization of hearing screening services and diagnostic assessments for all age groups. In 1982-83, 59,120 screenings

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and assessments were conducted. This total includes 12,398 diagnostic assessments and 46,722 screenings. Additionally, 46 ear, nose and throat clinics were held in various locations throughout the province.

2. Educational: The fourth annual industrial audiometric technicians training course was organized by the Office of Hearing Conservation and was attended by 24 representatives from various industries located throughout the province. Lectures on hearing, hearing impairment, and hearing aids were given to medical students and to various community groups including physicians, nurses, occupational health nurses, safety and health officers, worker advisors and the general public.

   A video tape program regarding infant and preschool hearing screening techniques was completed and is being used for training individuals to conduct basic hearing tests.

3. Administration: A hearing centre was partially equipped at Deer Lodge Centre to serve the west quadrant of Winnipeg Region. Discussions took place with representatives from Victoria and

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Concordia Hospitals regarding the future development of hearing centres at these hospitals. Planning meetings were also held with the Health Sciences Centre and St. Boniface Hospital to avoid duplicating audiological services in Winnipeg.

The B.P.O. Elks and their auxiliary contributed $38,500 to the Province of Manitoba to develop a preschool auditory rehabilitation program in rural Manitoba. This program will be developed in the Westman Region. The Elks donated another $5,000 for the purchase of additional hearing aids for use by the hearing centres with children who are "border-line" in terms of hearing aid requirements.

The Department of Education transferred the auditory trainer program to the Office of Hearing Conservation this year. This specialized equipment is used by hearing impaired children in school and at various community events.

The Office of Hearing Conservation continues to serve as an adviser to the Workplace Safety and Health Division for the development of a Regulation on noise control and industrial hearing conservation and to the Manitoba Health Services Commission regarding the Children's Hearing Aid Program.

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MATERNAL AND CHILD HEALTH DIRECTORATE

Maternal and Child Health services in Manitoba are co-ordinated through the Directorate of Maternal and Child Health.

When the Directorates of Health Education/Professional Development and Public Health Nursing Services were dissolved in April and May of 1983, two Health Educator positions and a Nursing Consultant position were transferred to the Directorate of Maternal and Child Health to augment the services of the Director.

An advisory committee to the Maternal and Child Health Directorates was appointed by the Minister in May and currently meets on a monthly basis.

Staff members of the directorate continue to provide consultant and leadership services to departmental and community-based activites related to maternal and child health.

Reproductive Health Promotion

The Directorate has reviewed current services in reproductive health promotion which are available in the province through agencies, hospitals and deparmental offices. A proposal for augmentation of current services has been developed targeted to high risk groups. This proposal is being considered for implementation during 1984-85.

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Maternity Early Discharge Program

A steering committee was formed in 1983 to guide the development of this program. It is being piloted among maternity patients of the St. Boniface General Hospital. This pilot program is currently in place and an evalution has been undertaken.

Adolescent Pregnancy

Directorate staff have placed priority on prevention; early identification and care of pregnancies among this high risk group. These initiatives include: consultation to school, parent and community groups planning preventive activites. This includes liaison with Child and Family Services staff regarding early identification and referral, support to a community workshop in the Parklands Region, membership in the Winnipeg Adolescent Parent Interagency Network and a study of school-based health services for adolescents.

Community Liaison

Directorate staff have been involved in providing leadership or support to a variety of community programs in Maternal and Child Health including: the Healthy Parent Healthy Child outreach project

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in the Inner City, the Parent and Childbirth Educators' Network, the Maternal-Fetal Nutrition Committee, the College of Physicians and Surgions Perinatal and Maternal Welfare Committee as well as involvement with many professional and community organizations.

Public Education

The Directorate has continued ongoing activites designed to reach members of the public regarding maternal and child health education issues. These activites included public and professional education seminars, development and publication of print resources and support to training of childbirth and parenting leaders.

OFFICE OF CONTINUING CARE

The Office of Continuing Care is responsible for the province-wide coordination of Home Care as well as assessment for placement into personal care homes.

This office has responsibility for program direction and management including the establishment and maintenance of standards, program monitoring and evaluation, staff development, and liaison with other components of the health care system.

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The program is delivered through the department's regional offices and sub-offices, and through five designated rural health centres. In Winnipeg there is also service delivery through four coordinating hospitals and short term services (under 60 days) are delivered through the Victorian Order of Nurses.

Home Care

The Home Care portion of the program continues to provide an alternative to institutional care by assisting individuals who require support services in order to remain at home. As a part of this program respite care is arranged as a support to families who are providing care.

In 1983 there was further development of several program components. The Continuing Care Program continued to support the concept of independent living for the physically disabled. Homemaking, personal care and home care attendant/orderly services were provided to 37 individuals living in the community in specially modified apartments known as FOKUS 1, II and III units. A project for eight tenants similar to FOKUS units was opened late in 1983 by the Luther Home. Preliminary development also occurred in 1983 toward a FOKUS-type project at The Pas and the potential requirement for a FOKUS IV in Winnipeg.

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Program staff participated with regional staff in the review of the service delivery of the program at the area and regional levels. A major review of co-ordinated and short-term Home Care delivery service was conducted with the Victorian Order of Nurses of the Winnipeg Hospital.

There has been staff representation on several continuing and special committees concerned with implementing, reviewing and providing recommendations on service delivery related to special housing, services for the younger disabled and the expansion of Adult Day Care.

Program statistics for 1983 indicate that the clients served required a higher level of care. Compared to 1982 figures, the average monthly number of persons receiving services in 1983 demonstrated the following increases: homehelp services 4%; nursing services 9%; auxiliary services 9%; and therapy services 10%.

In 1983, 9,733 persons were admitted to the program compared to 9,687 in 1982. Without the availability of Home Care - 17% of persons admitted to the program this year would have required Personal Care Home Placement; 46% would have been admitted to or remained in hospital and 37% would have been in the community without appropriate care. The percentage of persons who would have required hospital care increased 40% over the previous year.

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The number of persons discharged from the program in 1983 increase 8.3% compared to 1982. Of the 9,419 persons in 1983 who were discharged from the program 9% were placed in a personal care home; 14% were admitted to hospital; 39% improved to the extent that their care could be managed personally or by family; and 17% were deceased.

The Home Care Program recruits and provides part-time community employment for professionals and para-professionals. Approximately 2,000 persons are employed on part-time basis to deliver homemaking and personal care services per month. In addition, 219 Registered Nurses, 107 Licensed Practical Nurses and 223 home care attendants provided nursing and personal care services. Therapy services are provided through Community Therapy Services of Manitoba.

In 1983 the program continued to benefit from the work of volunteers who provide services such as meal delivery, friendly visiting and daily telephone reassurance.

Personal Care Home Placement

For some individuals the most appropriate care alternative is placement in a personal care home. The number of people on the waiting list for placement as of December 31, 1983 increased 12% in the rural areas and 20% in the Winnipeg area as compared to the same period in 1982. The increase in the waiting list has been highest at the Extended Care III and IV levels.

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CHIEF PROVINCIAL PSYCHIATRIST

The Chief Provincial Psychiatrist is directly responsible for Forensic Services and Psychiatric Services for children in addition to administration of the Mental Health Act. This position also provides professional consultation services to the clinical programs of Community Mental Health Directorate as well as the Selkirk and Brandon Mental Health Centres. The Chief Provincial Psychiatrist was actively involved as a member of the Mental Health Task Force and as well worked closely with the section of psychiatry, Faculty of Medicine in a variety of ways to improve the supply of psychiatrists available to the Department of Health for the future.

COMMUNITY MENTAL HEALTH SERVICES

The goal of mental health services is to maximize the health, social functioning and integration of clients and patients in the community.

With a staff of 66 mental health professionals, community mental health services provides comprehensive assessments, consultations, crisis intervention services, direct treatment and follow-up, and community education to individuals throughout the province.

The Community Mental Health Program continues to contribute to the planning, development and maintenance of a number of alternative care facilities including community residences, independent and group living projects and foster homes.

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This program encourages the continuous development of professional skills and knowledge through its program staff. Training modules are utilized to help meet the varied needs and problems of clients served by the program.

Some regions of the province have been able to obtain or maintain psychiatric consultation services as part of their Community Mental Health Program, however, it is essential that efforts continue to attract community psychiatrists.

FORENSIC SERVICES

Adult Forensic Services is located in the Health Sciences Centre, Winnipeg, where it operates as an integral part of the Department of Psychiatry, University of Manitoba. The main consumers of this service are accused persons referred by the Courts for psychiatric assessment. Patients are also referred by the Correctional System and Probation Services. Mentally ill offenders are maintained on a secured ward (P13) at the Health Sciences Centre for the further investigation and initial treatment.

In 1983, Adult Forensic Services employed a psychiatrist, medical officer, a senior psychologist and a social worker.

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The Social Worker in this unit provides home visits and collateral histories, as well as interviewing relatives in the process of rehabilitation of patients whose charges have been stayed or have been returned to the community after termination of their sentence.

Children's Forensic Services is located in the Manitoba Youth Centre. This unit is staffed by three part-time psychiatrists as well as a full-time clinical psychologist. In addition to referrals from the Courts, juveniles are referred for psychiatric assessment by Probation Services and the staff of the Youth Centre.

COMMUNITY PSYCHIATRIC SERVICES FOR CHILDREN

Community Psychiatric Services For Children provides psychiatric services to children and adolescents throughout Manitoba and is coordinated through a central program directorate.

The directorate is responsible for providing a training program, on-going professional staff development, clinical supervision and backup, and program standards. The directorate also provides clinical and program consultation to the following areas:

1) Child welfare - treatment facilities, Screening and Monitoring Committee, Treatment Panel, South East Child and Family Services, Awasis, Manitoba Committee on Wife Abuse, Children's Aid Society of Winnipeg, and the Director of Child Welfare;

2) Education - St. Boniface and St. Vital School Divisions, Learning Assistance Centre;

3) Legal - Family Court, and Child Protection Unit, Children's Hospital; and

4) Hospital-based psychiatric services - Crisis Service, Children's Hospital, and Day Treatment Program, St. Boniface.

Education regarding psychiatric disturbance among children and adolescents was also provided to professional and public groups through the directorate. In conjuntion with the University of Manitoba, Faculty of Medicine, the first province-wide professional conference in community child psychiatry, "Children's Mental Health: Issues for the '80's", was organized by the directorate.

In 1983, the directorate has continued to train Community Mental Health workers and to expand its network of services in Manitoba. These workers are now deployed to the following regions: Norman (Flin Flon and The Pas), Thompson, Interlake (Selkirk and Stonewall),

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Eastman (Beausejour and Steinbach), Central (Portage La Prairie and Morden), and Parklands (Dauphin and Swan River). Westman Region (Brandon Mental Health Centre) has a worker who is currently completing the six month training program.

In all health regions, Community Mental Health workers provide clinical services including assessment, diagnosis and treatment of psychiatrically disturbed children and adolescents as well as their families. Clinical and program consultation, public and professional education, and preventive services are also provided.

The urban component of service delivery to children and adolescents operates out of the Child Guidance System of the School Divisions in Greater Winnipeg. There are seven psychiatrists in a full or part-time capacity within the directorate. Each psychiatrist is assigned to a team of health professionals who are responsible for service delivery to designated children, adolescents and their families. These psychiatrists are available for education, consultation, diagnosis and treatment of specifically referred cases. The psychiatrists are also available for program consultation and in-service education to the educational system.

The new Manitoba Adolescent Treatment Centre, designed for the comprehensive treatment of those adolescents in the province with severe psychiatric disturbances is scheduled to open in the summer of 1984.

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In 1984, Community Psychiatric Services for Children plans to continue its efforts to broaden the spectrum of psychiatric services to children and adolescents in all regions of the province as well as to provide for the expansion and certification of the current training program.

COMMUNICATIONS AND INFORMATION SERVICES

In consideration of the priority which the government and the department has placed on media communications, a Director of Communications and Information Services was appointed in July of 1983 from an existing staff position within the Health Education and Professional Development branch.

The Director is responsible for the overall co-ordination and development of mass media communication policies and programs for the Department of Health and the Manitoba Health Services Commission. In addition to the preparation of press releases and ministerial statements, the Director works closely with senior administrators and program managers to identify communication needs and to assist in the development of priorities, policies and programs to meet these needs.

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During the 1983 Western Equine Encephalitis health emergency period, the Director played a major role in the planning, implementation and evaluation of a public information program. The information program utilized print and broadcast media messages to effectively inform the public of the need to take personal precautions to reduce exposure to disease-carrying mosquitoes as well as the aerial spraying program conducted in communities designated as high risk.

In the area of communicable disease education, the Director co-ordinated the planning and implementation of a public information program designed to reinforce the need for immunization of pre-school children. The program utilized the theme "Love is Not Enough!" in directing its message to parents of pre-school children through print and broadcast media. As part of the Health and Wellness Series, a live half-hour program was produced on the topic of veneral disease education.

PROVINCIAL GERONTOLOGIST

In 1983, the provincial gerontologist provided gerontological advice, consultation and knowledge relative to policy, programs amd aging content to senior departmental and governmental staff, to community organizations, educators and the general public.

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One mechanism through which these functions are carried out, is having the provincial gerontologist represented on various inter-departmental and interagency committees relative to aging, including: support services housing, elder abuse, young adult disabled, physical fitness programs for seniors, transportation for the mobility disabled, external agency review, Federal-Provincial/ Territorial Committee on Aging, community liaison committee of the

Centre on Aging and the Advanced Certificate in Gerontology Advisory Committee. The provincial gerontologist may also call on the liaison officers appointed by each department and relevant Commissions and crown corporations to deal with interdepartmental issues.

The Manitoba Council on Aging, composed of 15 members, reports to government via the provincial gerontologist. The Council ensures that public participation is reflected in the gerontologist's functions. Over the past year, the Council, the liaison officers and the provincial gerontologist have been involved in preparing for and participating in the Second Canadian Conference on Aging held in Ottawa at the end of October, 1983.

The government's commitment to aging as a high priority concern and to involving senior citizens in finding appropriate solutions to concerns which affect them is reflected in the membership of the Manitoba Council on Aging, in the activities of the provincial gerontologist, and in the departmental support to the continuation of the Aging in Manitoba projects.

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RESEARCH AND PLANNING DIRECTORATE

This directorate was established in 1982 to consolidate research and planning functions for both the Department of Health and the Manitoba Health Services Comission. The Directorate provides a coordinated approach to planning insured medical and institutional services provided by the Manitoba Health Services Commission as well as mental health institutional services and community health services provided by the Department.

This Directorate reviews reports and research proposals for federal and/or provincial health funding. The Directorate aids the Department of Health by evaluating reports and by performing health manpower analyses. It also contributes to setting priorities for health programs during the Estimates' review.

The Directorate produced the annual Health Manpower Provincial Report and a number of other shorter health manpower-related reports and statements, including comments on proposed health professional acts. In order to maintain effective communication and assure comparable analyses of health manpower supply distribution, training and legislation, the Directorate represented the Department on several manpower-related committees at the provincial, interprovincial and federal-provincial levels.

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In 1983, the Directorate provided staff support to the review of mental health services. The Director of the Directorate served as chairman to the Mental Health Working Group. The purpose of the review was to rationalize service delivery and determine administrative efficiency of existing mental health programs in Manitoba. The Report of the Mental Health Working Group was submitted to the Minister of Health who released the Report during November, 1983.

Other projects undertaken by the Directorate during 1983 included the following:

a) Review of selected personal care homes regarding services for psychogeriatric residents;
b) Review of residential care facilities throughout the province;
c) Establishment of a maternity early discharge pilot program, in conjunction with public health services and the St. Boniface General Hospital; and
d) Regular consultation with the First Nations Confederacy regarding special health concerns for Status Indians.

The Directorate continues to monitor utilization of health services provided in Manitoba. The manpower supply, facility supply, and distribution require regular adjustment to best serve changing health needs in the province.

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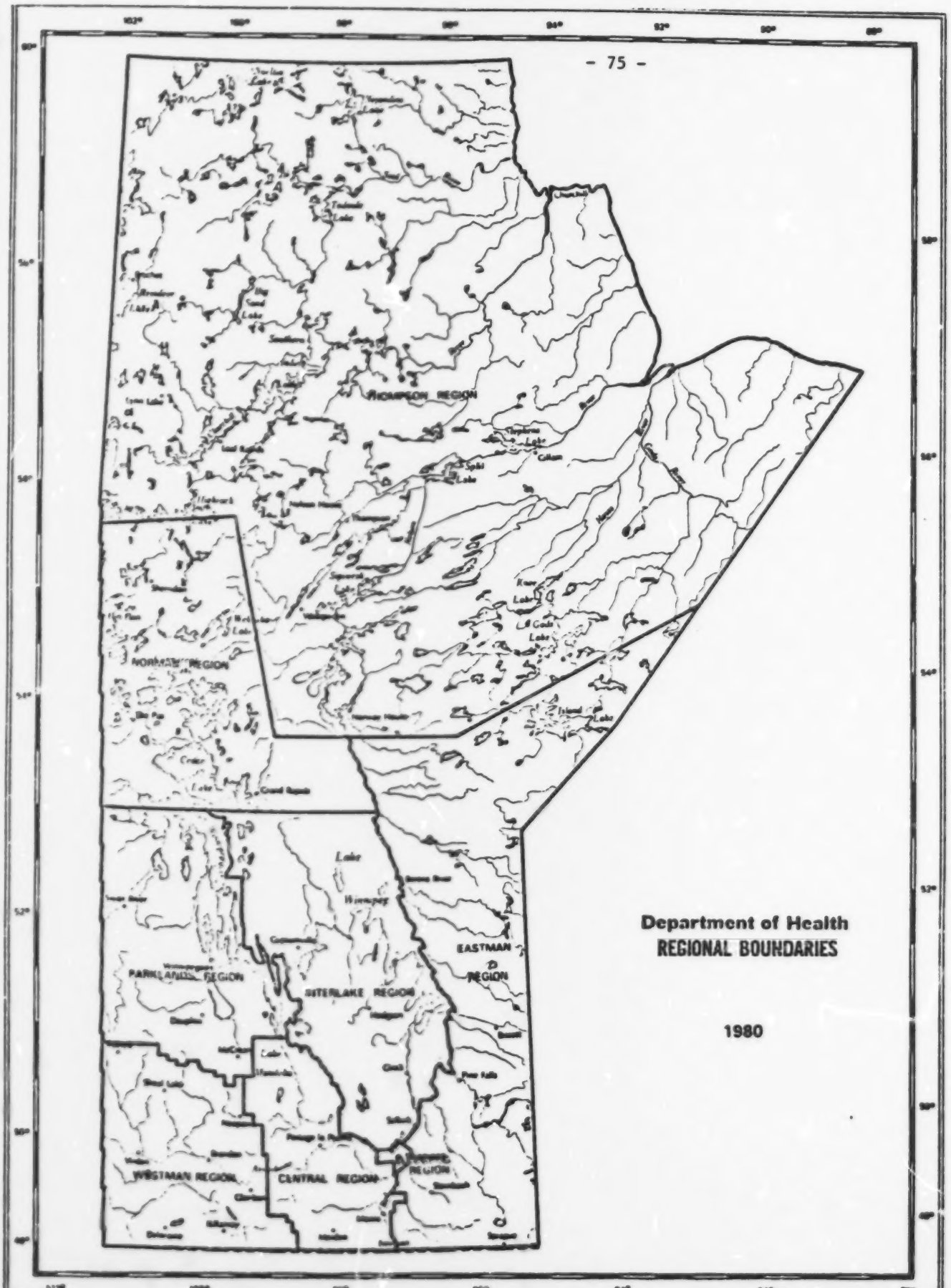
NORMAN REGION
PARKLAND REGION
INTERLAKE REGION
EASTMAN REGION
WESTMAN REGION
CENTRAL REGION
Department of Health
REGIONAL BOUNDARIES
1980

Table 1
Population of Manitoba by Health Region; by Age Group and Sex
June 1, 1983

Part 1
Table 1

HEALTH REGION	S E X	0 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70+	TOTALS
CENTRAL	M	3,897	3,753	3,829	4,287	4,119	3,585	3,100	2,724	2,186	1,976	1,976	1,994	2,008	1,816	1,870	44,580
	F	3,628	3,547	3,703	4,103	3,646	3,393	2,817	2,627	2,172	1,932	2,050	2,118	2,203	1,969	4,523	44,629
	T	7,525	7,300	7,532	8,390	7,763	6,978	5,917	5,351	4,358	3,908	4,026	4,112	4,211	3,845	8,393	89,209
EASTMAN	M	3,113	3,218	3,176	3,441	3,191	2,865	2,701	2,437	1,948	1,651	1,565	1,537	1,397	1,268	2,225	35,733
	F	2,925	3,028	3,105	3,267	2,718	2,730	2,667	2,267	1,875	1,504	1,634	1,650	1,429	1,149	2,397	33,932
	T	6,038	6,247	6,281	6,688	5,909	5,595	5,368	4,704	3,823	3,155	2,999	2,993	2,826	2,417	4,622	69,665
INTERLAKE	M	2,132	2,499	2,735	2,917	2,586	2,385	2,257	2,160	1,753	1,579	1,582	1,508	1,325	1,426	2,317	31,381
	F	2,004	2,890	2,592	2,783	2,194	2,219	2,216	2,100	1,704	1,516	1,511	1,540	1,563	1,315	2,494	30,081
	T	4,136	4,789	5,327	5,700	4,780	4,604	4,473	4,260	3,457	3,095	3,093	3,048	3,088	2,741	4,811	61,462
NORMAN	M	1,050	996	1,005	932	1,191	1,161	941	769	592	487	465	440	376	269	485	11,179
	F	916	960	931	930	1,006	1,013	885	671	525	417	416	407	357	317	525	10,384
	T	1,966	1,956	1,936	1,870	2,277	2,174	1,826	1,440	1,117	904	881	847	733	586	1,010	21,563
PARKLAND	M	1,569	1,717	1,832	2,010	1,657	1,531	1,452	1,334	1,136	1,102	1,112	1,336	1,325	1,220	2,539	22,870
	F	1,456	1,630	1,667	1,936	1,426	1,452	1,334	1,230	1,081	1,007	1,171	1,267	1,353	1,250	2,851	22,131
	T	3,025	3,347	3,499	3,946	3,083	2,983	2,806	2,564	2,215	2,109	2,283	2,603	2,678	2,470	5,390	45,001
THOMPSON	M	1,104	1,159	1,168	1,080	1,046	1,178	1,086	920	678	512	371	286	152	68	58	10,864
	F	1,078	1,057	1,099	955	1,043	1,155	991	773	566	342	275	187	131	49	60	9,249
	T	2,182	2,216	2,267	2,035	2,109	2,333	2,077	1,693	1,244	854	646	473	284	117	127	20,113
KEEWATIN	M	4,350	4,449	4,484	5,007	5,220	4,747	4,062	3,301	2,845	2,827	2,911	3,079	2,958	2,853	3,025	50,788
	F	4,120	4,039	4,396	4,891	4,898	4,507	3,979	3,353	2,925	2,731	2,939	3,139	3,095	2,941	3,124	50,117
	T	8,470	8,508	8,780	9,898	10,118	9,254	8,041	6,654	5,770	5,558	5,850	6,218	6,053	5,794	6,149	100,905
WINNIPEG	M	20,965	20,297	21,781	24,005	29,899	28,780	25,231	21,271	16,046	14,342	14,504	14,016	12,808	10,388	17,628	292,019
	F	19,072	19,033	20,734	23,765	31,544	29,626	25,833	21,534	16,493	14,476	15,145	16,096	15,318	13,282	18,528	311,517
	T	40,037	39,330	42,495	47,750	61,443	58,212	51,104	42,805	32,539	28,818	29,649	30,102	28,126	23,670	36,206	603,536
TOTAL REGIONS	M	38,200	38,108	39,990	43,879	48,929	46,232	40,830	35,116	27,202	24,776	24,488	24,195	22,550	18,988	30,068	407,816
	F	36,079	36,185	38,127	42,998	48,311	45,893	40,782	34,555	27,311	23,823	24,911	26,180	25,749	22,252	36,560	431,520
	T	74,279	74,293	78,117	86,877	97,240	92,125	81,612	69,671	54,513	48,201	49,399	50,278	48,299	41,240	66,628	839,336
UNORGANIZED TERRITORIES	M	695	644	651	858	808	540	415	331	265	232	218	189	157	148	226	5,922
	F	637	610	649	649	589	520	370	235	214	222	177	138	133	96	138	5,618
	T	1,332	1,254	1,300	1,507	1,397	1,060	785	566	479	454	395	327	290	244	364	11,540
INDIAN BANDS	M	1,070	1,304	1,272	1,127	1,558	1,048	1,606	1,158	894	771	579	501	388	280	325	14,988
	F	1,099	1,162	1,291	1,048	1,581	1,051	1,360	1,061	781	657	501	513	325	220	513	13,263
	T	2,171	2,520	2,563	2,175	3,139	2,099	2,966	2,219	1,677	1,428	1,080	914	713	500	838	28,251
TOTAL MANITOBA	M	40,965	42,130	43,913	47,864	52,295	47,820	42,851	36,595	28,361	25,779	25,285	24,885	23,095	19,416	35,619	428,726
	F	40,215	39,937	42,067	46,215	51,483	48,364	42,492	35,851	28,288	24,796	25,589	26,731	26,207	22,618	39,232	450,183
	T	82,780	82,033	85,980	93,379	103,778	96,184	85,343	72,446	56,649	50,575	50,872	51,597	49,303	42,034	74,851	878,909

TABLE 1. MENTAL HEALTH CENTRES: ADMISSIONS AND SEPARATIONS; BY INSTITUTION - 1981 TO 1983

INSTITUTION	ADMISSIONS			SEPARATIONS[1]			IN-PATIENTS AT DECEMBER 31			TOTAL UNDER TREATMENT[2]		
	1981	1982	1983	1981	1982	1983	1981	1982	1983	1981	1982	1983
Brandon Mental Health Centre	491	485	484	484	532	511	559	519	492	1,055	1,056	1,020
Selkirk Mental Health Centre	252	238	167	242	239	200	375	367	350	638	628	580
Eden Mental Health Centre	210	198	160	211	190	180	36	44	24	247	234	204
Total	953	921	811	937	961	891	970	930	866	1,940	1,918	1,804

[1]Excludes probations.

[2]Resident population at beginning of year plus total additions, including "returns from probation".

TABLE 2. MENTAL HEALTH CENTRES: AVERAGE DAILY PATIENT POPULATION; BY INSTITUTION - 1979 TO 1983

INSTITUTION	1979	1980	1981	1982	1983
Brandon Mental Health Centre	557.7	556.0	551.1	535.1	506.0
Selkirk Mental Health Centre	349.5	359.8	371.4	370.7	360.7
Eden Mental Health Centre	38.5	33.6	36.7	33.1	34.9

TABLE 3. MENTAL HEALTH CENTRES:
AVERAGE LENGTH OF STAY FOR DISCHARGES;
BY INSTITUTION - 1979 TO 1983

INSTITUTION		AVERAGE LENGTH OF STAY					
		1979	1980	1981	1982	1983	
BRANDON MENTAL HEALTH CENTRE	Patient in Hospital 1 Year or More	14.2	9.4	14.0	12.7	11.4	Years
	Patient in Hospital Less than 365 Days	79.3	74.9	74.1	71.5	70.1	Days
SELKIRK MENTAL HEALTH CENTRE	Patient in Hospital 1 Year or More	9.3	4.7	7.0	6.7	6.5	Years
	Patient in Hospital Less Than 365 Days	74.1	71.1	80.9	92.9	93.7	Days
EDEN MENTAL HEALTH CENTRE	Patient in Hospital 1 Year or More	3.0	2.8	4.2	2.1	1.4	Years
	Patient in Hospital Less Than 365 Days	43.0	42.0	40.4	36.3	56.0	Days

Table 4
Mental Health Centres: Out-Patient Caseload Movement[1] - 1983

Institution	Active Cases[2] At Beginning of Year	Registrations During Year	Terminations During Year	Active Cases At End Of Year
Brandon Mental Health Centre	1,238	1,589	1,869	958
Out-Patient Department	716	751	804	663
Child Guidance Clinic	344	732	781	295
Travelling Clinic	178[3]	106	284	-
Selkirk Mental Health Centre	1,241	299	366	1,174
Eden Mental Health Centre	581[3]	371	292	660
TOTAL	3,060	2,259	2,527	2,792

[1] Caseload movement includes those cases who are receiving treatment services by medical, psychological and/or social services staffs.

[2] Criteria for active cases are those receiving service during the previous twelve months for Selkirk Mental Health Centre and the previous ninety days for Brandon Mental Health Centre and Eden Mental Health Centre. Eden had maintained all cases on active status till 1983.

[3] Revised from the 1982 Annual Report.

Table 5
Mental Health Centres: Out-Patient and Out-Patient Contacts - 1983

Institution	Former In-Patients	Not Former In-Patients	Total Out-Patients	Total Contacts
Brandon Mental Health Centre	833	1,460	2,293	10,076
Selkirk Mental Health Centre	970	263	1,233	7,645
Eden Mental Health Centre	351	573	924	2,578
Total	2,154	2,296	4,450	20,299

TABLE 1

COMMUNITY MENTAL HEALTH CASELOAD MOVEMENT BY REGION - 1983

	CENTRAL	EASTMAN	INTERLAKE	NORMAN	PARKLAND	THOMPSON	WESTMAN	WINNIPEG	TOTAL
Beginning of Year	166	351	203	176	262	159	584	1,457	3,358
Cases Opened	400	370	178	335	364	161	258	823	2,889
Total Cases Served	566	721	381	511	626	320	842	2,280	6,247
Cases Closed	348	339	161	301	321	226	340	896	2,932
End of Year	218	382	220	210	305	94	502	1,384	3,315

TABLE 1
ADULT FORENSIC SERVICES: NUMBER OF PATIENTS SEEN - 1982 AND 1983

HEALTH SCIENCES CENTRE[1]	1982	1983
Patients Admitted	116	163
Out-Patients seen for Psychiatric Assessment	68	64
Patients seen on a follow-up basis	411	491

[1] In addition 230 and 477 residents of Headingly Correctional Institution were seen by a Psychiatrist at the institution in 1982 and 1983 respectively.

TABLE 2
CHILDREN'S FORENSIC SERVICES: NUMBER OF REFERRALS BY CATEGORY - 1982 AND 1983

PROBATION REFERRALS	NUMBER OF CASES	
	1982	1983
Psychiatric	78	73
Psychological	35	66
Psychiatric/Psychological	7	10
Consultative Conferences	8	7
Total	128	156

OTHER REFERRALS	NUMBER OF SESSIONS - 1983	
	INITIAL	FOLLOW-UP
Manitoba Youth Centre	35	14
Doncaster Centre for Youth	7	51
Agassiz Centre for Youth	11	17
Regular	-	33
Total	53	117

TABLE 1

PUBLIC HEALTH NURSING REPORTED CASELOAD MOVEMENT BY CATEGORY - 1983

	CATEGORY							
	Maternal	Child Care	School	Adult	Elderly	Communicable Diseases	Mental Health	Total
Beginning of Year	345	4,469	293	1,023	1,105	123	88	7,446
Cases Opened	536	4,731	239	629	718	254	15	7,122
Total Cases	881	9,200	532	1,652	1,823	377	103	14,568
Cases Closed	546	5,937	245	777	954	255	67	7,882
End of Year	335	4,162	287	875	869	122	36	6,686

COMMUNITY HEALTH SERVICES

Part 3
Section 1
Table 2

TABLE 2
PUBLIC HEALTH NURSING COUNTS OF
CLIENT GROUPS BY CONTACT - 1983

CLIENT GROUP / CONTACT	INITIAL[1]	SUBSEQUENT
Postnatals	10,926	1,733
Neonates 0 - 28	10,593	1,735
Infants 29 - 364	1,499	5,015
Pre-School 1 - 4	3,512	4,526
School Age 5 - 17	7,595	6,967
Adults 18 - 40	8,439	10,076
Adults 41 - 64	2,620	7,538
Adults 65 - 74	2,609	6,412
Adults 75+	4,042	12,994
TOTAL	51,835	56,996

[1] Initial contact is recorded to the calendar year.

TABLE 3
PUBLIC HEALTH NURSING
CLINICS/CLASSES/PRESENTATIONS - 1983

REGION	CHILD HEALTH CONFERENCE		3 YEAR OLD ASSESSMENT		WELL ELDERLY CLINIC		FAMILY PLANNING CLINIC		EXPECTANT PARENT CLASSES		POST PARTUM CLASSES		BREAST SELF-EXAM. CLASSES		FAMILY LIFE PRESENT.		LIFE STYLE PRESENT.		S.T.D. CLASSES		PARENTING CLASSES		OTHER	
	NO.	ATT.	NO.	ATT.	NO.	ATT.	NO.	ATT.	NO.	ATT.	NO.	ATT.	NO.	ATT.	NO.	ATT.	NO.	ATT.	NO.	ATT.	NO.	ATT.	NO.	ATT.
Central	353	4,345	76	296	1	11	-	-	225	1,674	3	24	39	1,027	42	891	16	426	13	614	11	126	39	813
Eastman	326	1,713	172	546	5	77	-	-	179	1,439	7	51	14	275	17	356	27	271	4	94	1	5	69	2,252
Interlake	307	1,929	71	309	87	1,369	-	-	156	1,590	3	28	10	383	60	1,689	20	540	5	129	3	15	43	1,473
Norman	215	3,203	64	251	-	-	-	-	120	886	6	28	4	86	12	640	45	749	12	369	7	33	25	500
Parkland	275	2,166	67	280	34	699	-	-	126	835	1	7	-	-	6	166	6	127	4	177	2	14	5	81
Thompson	176	1,255	34	173	6	41	2	6	150	969	2	14	5	118	11	210	27	600	11	382	9	73	54	1,466
Westman	584	3,588	280	1,498	51	652	10	113	424	3,455	20	141	22	893	98	3,804	55	812	47	1,995	12	99	117	2,039
Winnipeg	135	1,416	-	-	6	88	27	281	393	3,664	6	44	26	919	107	3,360	24	833	39	1,042	12	111	196	10,483

TABLE 1
COMMUNICABLE DISEASES - REPORTED CASES
MANITOBA 1982 AND 1983

DISEASE	NUMBER OF CASES	
	1982	1983
Intestinal Infectious Diseases:		
Typhoid Fever (002.0)	-	3
Paratyphoid Fever (002.9)	-	3
Salmonellosis (003)	197	227
Shigellosis (004)	202	440
Food Poisoning (Bacterial)		
Staphylococcal (005.0)	18	3
Clostridium Perfringens (005.2)	-	-
Other Clostridia (005.3)	-	-
Vibrio Parahaemolyticus (005.4)	-	-
Bucillus Cereus (005.8)	-	-
Unspecified (005.9)	9	3
E. Coli Enteritis (008.0)	148	1
Tuberculosis:		
Primary (010)	13	29
Respiratory (011 - 012)	110	133
Non-respiratory (013 - 018)	35	35
Venereal Diseases:		
Gonoccoccal Infections (098)	4,608	3,761
Primary and Secondary Syphilis	11	23
Syphilis (Other)	42	53
Chancroid (099.0)	-	-
Diseases of Central Nervous System:		
Meningitis		
Bacterial		
Haemophilus (320.0)	19	28
Pneumonococcal (320.1)	6	14
Other	11	22
Viral		
Aseptic Meningitis Due to		
Coxsackie (47.0)	1	2
Echo Virus (47.1)	-	8
Other Viral (47.9)	46	52
Encephalitis		
Western Equine Encephalitis (062.1)	1	18
Encephalitis Unspecified (062.9)	-	1
Other Bacterial Diseases:		
Diphtheria Cases (032)	-	2
Diphtheria Carriers (Vo 2.4)	70	48
Meningococcal Infections (036)	11	15
Pertussis (033)	14	6
Brucellosis (023)	3	3
Other Viral Diseases:		
Hepatitis A (070.0)	183	426
Hepatitis B (070.2)	49	73
Measles (055)	46	1
Rubella (056)	263	374
Congenital Rubella (771.0)	1	1
Mumps	9	3
Rare Diseases:		
Amoebiasis (006)	21	26
Leprosy (030)	3	1
Malaria (084)	5	10
Psittacosis (073)	-	2
Legionaires Disease (482.8)	5	5
Listeria (027.0)	-	1
Tetanus (037)	1	1

FIGURE 1

REPORTED RUBELLA CASES (056)

WINNIPEG AND RURAL AREA - 1973 TO 1983

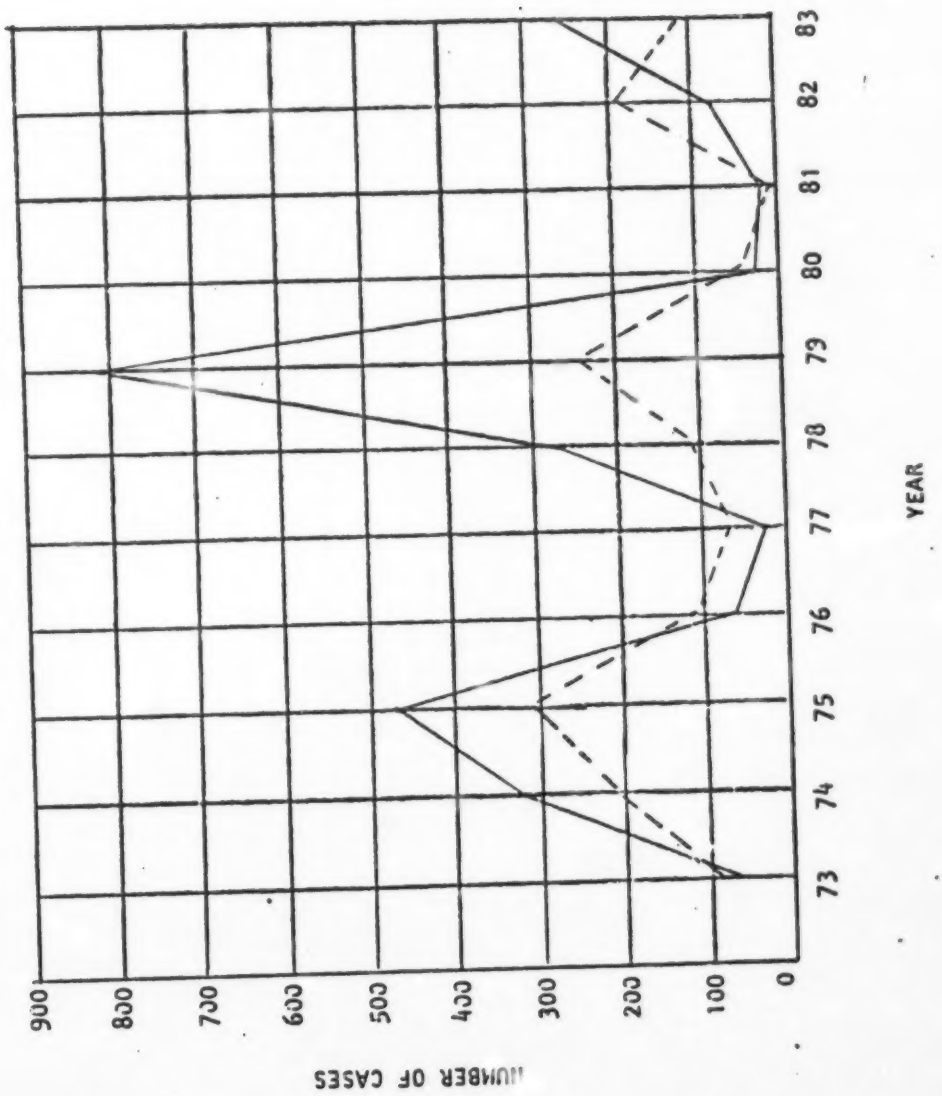

FIGURE 2

REPORTED GONOCCOCAL INFECTIONS (098)

RATE PER 10,000 POPULATION

1961 - 1983

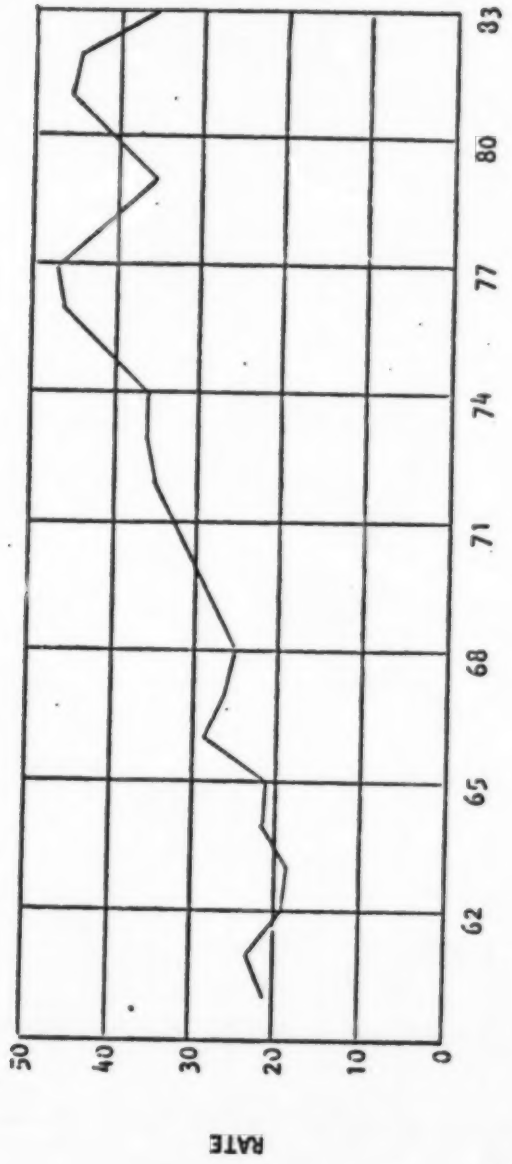

FIGURE 3

REPORTED SALMONELLOSIS CASES (003)

WINNIPEG AND RURAL AREA - 1973 TO 1983

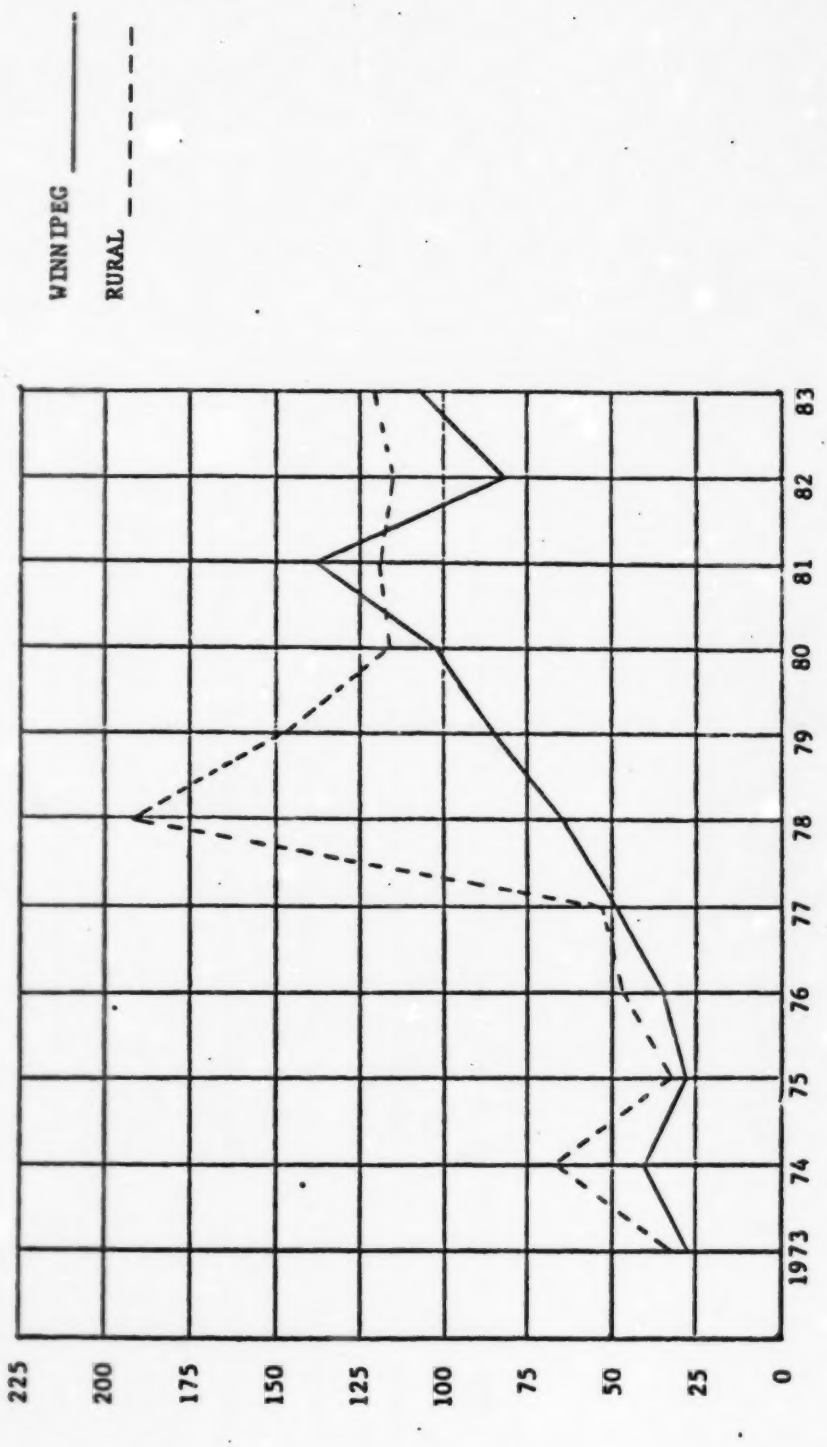

FIGURE 4

REPORTED HEPATITIS A CASES (070.0)
WINNIPEG AND RURAL AREA - 1973 TO 1983

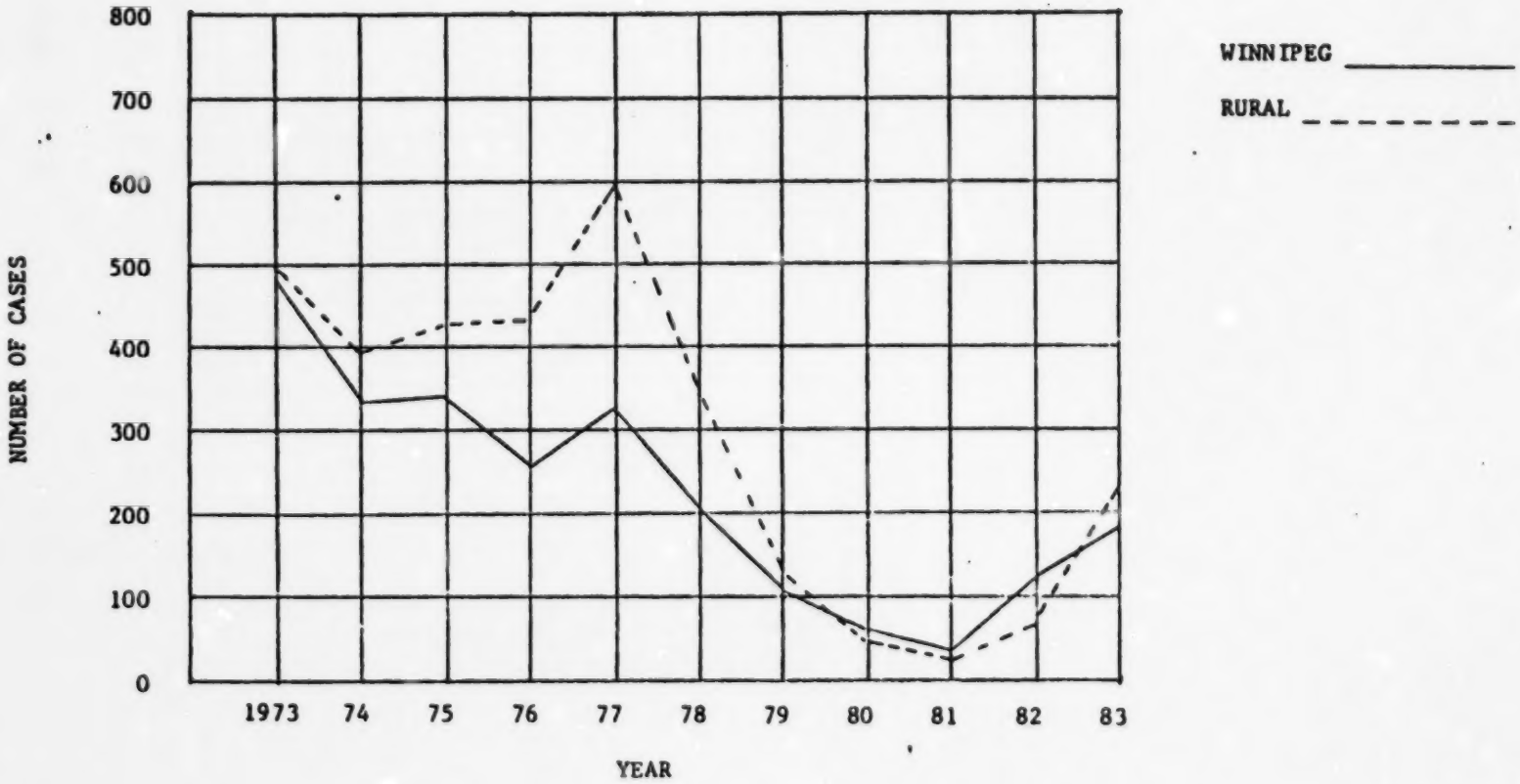

TABLE 2
REPORTED INFECTIOUS SYPHILIS AND GONORRHEA
(LABORATORY CONFIRMED) IN MANITOBA, 1974 TO 1983

YEAR	INFECTIOUS SYPHILIS[1]		GONORRHEA	
	NUMBER	RATE PER 100,000 MANITOBANS	NUMBER	RATE PER 100,000 MANITOBANS
1974	92	8.7	3,577	340
1975	20	1.9	4,246	402
1976	17	1.6	4,782	446
1977	20	1.8	4,803	443
1978	42	3.8	4,214	385
1979	12	1.1	3,621	330
1980	9	0.9[2]	4,084	397[2]
1981	19	1.8	4,671	433
1982	11	1.0	4,608	424
1983	23	2.1	3,761	345

[1] Infectious syphilis, with reported primary and secondary lesions.

[2] M.H.S.C. population estimates for 1980 are not available. As a result, Statistics Canada population estimates have been used for 1980 rates.

TABLE 3
REPORTED CASES OF SYPHILIS AND GONORRHOEA BY AGE AND SEX - 1983

AGE GROUP	GONORRHOEA				SYPHILIS			
	MALE	FEMALE	TOTAL	% OF TOTAL	MALE	FEMALE	TOTAL	% OF TOTAL
0-19	286	518	804	21.37	3	-	3	3.94
20-24	760	624	1,384	36.79	11	2	13	17.10
25-29	486	258	744	19.78	8	1	9	11.84
30-39	407	165	572	15.20	13	3	16	21.05
40-49	138	37	175	4.70	7	1	8	10.52
50-59	55	7	62	1.64	8	2	10	13.20
60-69	20	-	20	.52	10	6	16	21.05
UNKNOWN	-	-	-	-	-	1	1	1.30
TOTAL	2,152	1,609	3,761	100.00	60	16	76	100.00

TABLE 4
ACTIVE TUBERCULOSIS CASES BY TYPE - 1983 AND 1982 TOTALS

TYPE OF DISEASE	WHITE	TREATY INDIANS	OTHER	TOTAL
NEW ACTIVE CASES				
Primary	7(3)	27(14)	1 -	35(17)
Pulmonary	45(36)	39(33)	21(16)	105(85)
Other Respiratory	7(2)	9(3)	3(2)	19(7)
Non-Respiratory	12(7)	11(6)	13(6)	36(19)
Total	71(48)	86(56)	38(24)	195(128)
RE-ACTIVATED CASES				
Pulmonary	5(4)	6(5)	- -	11(9)
Other Respiratory	- -	- -	- -	- -
Non-Respiratory	- -	- 1	1 -	2 -
Total	5(4)	7(5)	1 -	13(9)
Grand Total (1983)	76(52)	93(61)	39(24)	208(137)
Grand Total (1982)	62(53)	56(40)	39(30)	157(123)

NOTE: Figures in parentheses refer to bacillary cases.

TABLE 5
DRUG DISPENSING PROGRAM
1980 TO 1983

PURPOSE OF DRUG	NUMBER OF PATIENTS ON ACTIVE LIST AT YEAR END				NUMBER OF NEW PATIENTS REGISTERED DURING YEAR			
	1980	1981	1982	1983	1980	1981	1982	1983
Rheumatic Heart Disease Prevention	889	829	779	706	67	48	6	30
Diabetes Treatment	549	419	409	418	1	11	14	32
Live Saving	453	442	450	490	48	37	46	71

TABLE 1
MEDICAL SUPPLIES AND HOME CARE EQUIPMENT PROGRAM
CASELOAD MOVEMENT BY PROGRAM, 1983

	Continuing Care Supplies[1]	Home Care Equipment[2]	Ostomy Supplies[3]	Respiratory Support Equipment[4]	Wheelchairs		Total
					Electric	Standard	
Beginning of Year	400	15,226	1,345	64	154	3,693[5]	20,882
Cases Opened	248	5,589	397	81	22	1,203	7,540
Total Cases Served	648	20,815	1,742	145	176	4,896	28,422
Cases Closed	201	2,812	306	45	12	1,007	4,383
End of Year	447	18,003	1,436	100	164	3,889	24,039

[1]Denotes clients who are in receipt of Home Care Services and disposable medical supplies on an on-going basis.

[2]Denotes clients who have been provided with one or more pieces of Home Care Equipment to facilitate their care in their own homes.

[3]Denotes clients who have lost the normal function of their bowel or bladder and are receiving stoma care products on an on-going basis.

[4]Denotes clients who are utilizing the life-supporting oxygen concentrators on an on-going basis.

[5]Revised.

TABLE 2
MEDICAL SUPPLIES AND HOME CARE EQUIPMENT PROGRAM, PATIENT AND OTHER SERVICES BY PROGRAM AND TYPE - 1983

PATIENT SERVICES	TECHNICIAN			MAIL/TRANSFER/PATIENT		OTHER	TOTAL
	DELIVERIES	RETURNS	MAINTENANCE	DELIVERIES	RETURNS		
Continuing Care Supplies	1,126	93	-	11,103	288	-	12,610
Home Care Equipment	8,046	4,028	357	4,362	1,164	-	17,957
Ostomy Supplies	633	33	-	8,979	162	444	10,251
Respiratory Support System	157	117	84	-	-	-	358
Total	9,962	4,271	441	24,444	1,614	444	41,176
SERVICES TO OTHER PROGRAMS:							
Family Planning	2	-	-	60	2	-	64
Health Units	56	1	-	439	4	-	500
I.U.D.	-	-	-	674	5	-	679
Veneral Disease	3	-	-	547	3	-	553
Total	61	1	-	1,720	14	-	1,796
Total Services	10,023	4,272	441	26,164	1,628	444	42,972

TABLE 1
OFFICE OF HEARING CONSERVATION, SCREENINGS, REFERRALS AND ASSESSMENT BY REGION[1] - JULY 1, 1982 TO JUNE 30, 1983

Region	Pre School Children (0 - 4 Years)	School Children[2] (5 - 17 Years)		Adults (18 - 64 Years)	Adults (65+ Years)
	Referred for Audiological Assessment	Total Number Screened	Referred for Audiological Assessment	Referred for Audiological Assessment	Referred for Audiological Assessment
Central	148	9,018	1,115	187	222
Eastman	101	7,238	749	216	105
Interlake[3 & 4]	44	5,371	565	33	51
Norman	381	4,036	1,124	324	75
Parkland	136	4,308	786	314	432
Thompson[3]	95	2,542	463	124	-
Westman	1,036	10,285	2,046	259	140
Winnipeg[3 & 4]	57	3,924	636	193	242
Total	1,998	46,722	7,484	1,650	1,266

[1]Includes data only from Seven Oaks and Deer Lodge areas of Winnipeg Region.

[2]Grades K - 3, 6, 9, 12 and Special Referrals.

[3]Data incomplete because of staff vacancies.

[4]Centre was not operational for entire year.

Table 1
Home Economics Program
Number of People Provided with Services by Program/Category and Type of Delivery - 1983

PROGRAM/CATEGORY	INDIVIDUAL	GROUP WORK	TRAINING & CONSULTATION	TOTAL
NUTRITION:				
Family Nutrition	9,212	11,506	3,187	23,905
Food Buymanship	687	522	101	1,310
Preservation/Prep.	7,891	2,810	179	10,880
FINANCIAL MANAGEMENT:				
Family Spending	1,801	2,787	362	4,950
Financial Problems	392	628	172	1,192
Managing Purchases	898	1,003	87	1,988
CLOTHING:				
Buymanship	422	349	36	807
Construction	1,655	1,742	202	3,599
Care	628	54	30	712
HOUSING:				
Energy Conservation	745	426	66	1,237
Housing Selection	95	47	16	158
Maintenance Improvement	431	146	28	605
Design & Construction	116	35	4	155
Furnishings	650	403	48	1,101
FAMILY MANAGEMENT:				
Child Development Family Life	121	815	28	964
Home Management	206	342	39	587
COMMUNITY DEVELOPMENT:				
Community Awareness	2,616	4,897	2,304	9,817
Leadership Development[1]	852	3,710	1,239	5,801
TOTAL	29,418	32,222	8,128	69,768

[1]Primarily consists of 4-H leadership development, general community awareness and public relations.

NOTE: Most figures are revised from quarterly totals appearing in Statistical Bulletin.

Table 2
Home Economics Program
Number of People Provided with Services by Program Clientele and Region[1] - 1983

PROGRAM/CLIENTELE	CENTRAL	EASTMAN	INTERLAKE	NORMAN	NORTH-WEST	SOUTH-WEST	THOMPSON	WINNIPEG	TOTAL
NUTRITION:									
General Adult	2,015	3,554	4,386	1,481	1,392	2,326	213	1,897	17,59
Pregnant Women	209	283	272	275	279	460	211	1,385	3,39
Infant Care Giver	223	370	73	174	186	484	27	753	2,31
Preschool Children/ Parent/Worker	91	53	72	253	149	173	100	453	1,39
Schoolage Children/ Parent/Teacher	1,027	211	78	347	185	431	628	720	3,65
Elderly	25	85	125	16	41	15	-	340	85
Handicapped	-	-	19	4	-	2	22	30	7
4-H Participant[2]	243	90	164	397	170	61	1	1	1,12
Others	876	656	427	625	636	671	202	642	5,68
FINANCIAL MANAGEMENT:									
General Adult	598	627	862	125	482	1,260	128	807	4,93
Adolescent	30	191	7	100	68	146	-	60	60
New Couple	17	-	20	24	57	39	-	261	41
Farm Resident	435	76	111	-	163	140	-	1	92
Handicapped	-	1	-	-	-	11	25	48	8
4-H Participant[2]	19	11	31	-	21	10	-	-	9
Clergy	7	-	27	3	10	42	-	4	9
Others	73	127	35	329	141	18	34	155	97
CLOTHING:									
General Adult	812	525	574	333	435	676	5	9	3,45
Adolescent	-	-	-	-	-	-	-	8	8
Elderly	-	-	-	-	17	-	-	-	17
Retailer	1	1	2	1	3	1	3	-	12
Handicapped	-	-	-	-	-	5	-	-	5
4-H Participant[2]	595	32	70	14	188	256	-	-	1,16
Others	85	59	90	14	65	48	3	67	46

Continued on..

...Table 2 Continued

PROGRAM/CLIENTELE	CENTRAL	EASTMAN	INTERLAKE	NORMAN	NORTH-WEST	SOUTH-WEST	THOMPSON	WINNIPEG	TOTAL[3]
HOUSING:									
General Adult	491	423	468	26	173	603	2	6	2,558
Trades/Retailer	6	-	-	1	5	-	1	-	13
Handicapped	-	-	-	1	-	-	-	-	1
4-H Participant[2]	185	78	82	-	24	36	-	-	405
Others	51	31	13	16	34	36	1	17	279
FAMILY MANAGEMENT:									
General Adult	296	73	178	7	223	197	-	4	978
Handicapped	-	-	-	1	-	-	9	1	11
Others	276	1	74	46	115	21	9	20	562
COMMUNITY DEVELOPMENT:									
General Adult	1,482	543	1,681	537	826	339	7	15	5,430
4-H Participant[2]	2,233	514	1,289	804	1,984	1,052	11	-	7,887
Others	226	92	30	1,601	206	96	33	17	2,301
TOTAL	12,627	8,707	11,260	7,555	8,278	9,655	1,675	7,721	69,768

[1]Home Economics regions are identical with the Department of Agriculture regions.

[2]Youth leadership and skill development program in regions outside Winnipeg.

[3]Includes direct delivery provided by the Directorate.

NOTE: Most figures are revised from quarterly totals appearing in Statistical Bulletin.

TABLE 1
DENTAL SERVICES: NUMBER OF CHILDREN ELIGIBLE, TREATED AND PERCENT UTILIZATION BY YEAR OF BIRTH - JULY 1982 TO JUNE 1983

YEAR OF BIRTH	MANITOBA CHILDREN'S DENTAL PROGRAM		
	ELIGIBLE	TREATED	% UTILIZATION
1969	2,411	1,920	79.64
1970	2,423	2,033	83.71
1971	2,562	2,169	84.66
1972	2,478	2,152	86.85
1973	2,363	2,054	86.93
1974	2,554	2,192	85.83
1975	2,485	2,188	88.05
1976	2,373	2,030	85.55
Others	83	83	100.00
Total	19,732	16,821	85.25

TABLE 2
DENTAL SERVICES: NUMBER OF CHILDREN ELIGIBLE (BIRTH 1969 TO 1976), TREATED AND PERCENT UTILIZATION BY REGION - JULY 1982 TO JUNE 1983

REGION	MANITOBA CHILDREN'S DENTAL PROGRAM		
	ELIGIBLE	TREATED	% UTILIZATION
Central	2,763	2,161	78.22
Eastman	3,913	3,388	86.59
Interlake	2,857	2,357	82.50
Parkland/Norman	3,267	2,906	88.95
Westman	6,849	5,926	86.53
Sub-Total	19,649	16,738	85.18
TOTAL[1]	19,732	16,821	85.25

[1] Includes 83 children from other age groups treated in remote locations as emergencie

TABLE 3
DENTAL SERVICES: NUMBER OF SERVICES PROVIDED BY MANITOBA CHILDREN'S SCHOOL BASED DENTAL PROGRAMS - JULY 1982 TO JUNE, 1983

SERVICES AND CODES	NUMBER OF SERVICES PROVIDED TO CHILDREN										
	YEAR OF BIRTH								OTHER MCDP	MCDP REFERRED TO MDA	TOTAL
	1969	1970	1971	1972	1973	1974	1975	1976			
NUMBER OF CHILDREN TREATED:	1,920	2,033	2,169	2,152	2,054	2,192	2,188	2,030	83	-	16,821
DIAGNOSTIC SERVICES:											
Examinations	3,618	3,837	3,977	4,036	3,852	4,029	3,983	3,882	84	235	31,533
Other Diagnostic Procedures 04400 and 04500	-	-	-	-	-	-	-	-	-	10	10
RADIOGRAPHS: (1)											
Periapicals	67	99	95	96	127	158	253	219	6	364	1,484
Occlusals	15	14	17	15	36	59	61	155	-	-	372
Bitewing	2,779	2,922	3,358	3,210	3,130	3,363	3,752	2,585	74	39	25,212
Panoramic	-	-	-	-	-	-	-	-	-	21	21
TOTAL	2,861	3,035	3,470	3,321	3,293	3,580	4,066	2,959	80	424	27,089
PREVENTION:											
Prophylaxis 11100-11300	1,348	1,386	1,377	1,464	1,310	1,377	1,336	1,914	20	47	11,579
Topical Fluoride 12200-12500	757	819	848	962	789	826	914	1,646	5	43	7,609
Nut. Counselling and OHI 13100-13220	1,324	1,466	1,507	1,582	1,385	1,502	1,490	1,734	12	4	12,006
Other Prevention Services 13300-13700	29	29	5	35	50	15	5	10	-	19	197
Space Maintainers 15100-15401	-	-	-	-	-	-	-	-	-	550	550
Other Ortho Services 15500-81155	-	-	-	2	4	1	6	3	-	277	293

TABLE 3 CONTINUED
DENTAL SERVICES: NUMBER OF SERVICES PROVIDED BY MANITOBA CHILDREN'S SCHOOL BASED DENTAL PROGRAM - JULY 1982 TO JUNE, 1983

SERVICES AND CODES	NUMBER OF SERVICES PROVIDED TO CHILDREN										
	YEAR OF BIRTH								OTHER MCDP	MCDP REFERRED TO MDA	TOTAL
	1969	1970	1971	1972	1973	1974	1975	1976			
RESTORATIONS:											
Amalgams 21101-21225	2,972	2,737	2,546	2,540	2,691	3,399	4,146	6,229	127	185	27,572
Retentive Pins 21301-21303	8	11	11	7	10	2	8	2	-	23	82
Composite 23101-23223	170	152	127	88	73	30	30	10	10	82	772
Crowns 27130-27710, 67100	16	19	28	89	145	254	408	1,201	13	38	2,211
Other Restoration Services 29100-29800	1	1	1	4	13	13	11	7	-	23	74
PULP THERAPY:											
Pulp Cap 31100-31110	18	14	19	13	11	9	8	5	-	4	101
Puloptomy 32201-32212, 39901-39909	2	7	10	47	58	111	166	804	11	13	1,229
Other Services 33100-33501, 39910-39960, 34100-34201	1	1	-	-	-	-	-	-	-	59	61
Periodontal Procedures 41200-43600	15	19	24	15	25	13	3	1	4	6	125
Prosthodontics 51100-55539, 67210	-	-	-	-	-	-	-	-	-	8	8
SURGICAL PROCEDURES:											
Extractions 71101-72320	118	253	425	454	350	376	371	747	2	221	3,317
Other Surgical Procedures 74210-79400	-	-	-	-	1	-	-	-	-	5	6
Adjunctive Services	1	1	1	6	1	1	-	1	-	16	28

[1]Radiographs indicate single films.

NOTE: 1977 became eligible September 1, 1983
Manitoba Dental Association 1982 Annual Report (January 1 - December, 1982) number of

TABLE 4
DENTAL SERVICES: PREVENTIVE DENTAL PUBLIC HEALTH SERVICES[1] PROVIDED OUTSIDE THE MANITOBA CHILDREN'S DENTAL PROGRAM - JULY 1982 TO JUNE, 1983

SERVICES	NUMBER OF SCHOOLS		APPROXIMATE NUMBER OF CHILDREN	
	APPROACHED	PARTICIPATING	ELIGIBLE	PARTICIPATING
Daily School Classroom Brushings	288	102	32,064	5,896
Health Education	338	312	45,516	36,264
Weekly School Flouride Rinse Program	350	327	47,023	40,138

[1]Other public health/preventive programs organized on a regular basis include Services to Senior Citizens, Centres for the Mentally Retarded and Day Care Centres. Activities also include involvement in pre/post natal classes, career days, educational displays, parent meetings, pre-school interviews and educational seminars. Dental Health Services staff were also actively involved in Dental Health Month.

TABLE 5
PREVENTION PROGRAM SUMMARY - 1982 TO 1983

PROGRAMS	N	T (HOURS)
Fluoride Rinse (01)	24,724	2,667.25
Brush In (02)	7,810	285.00
Classroom Education (03)	63,893	4,384.50
Geriatric Program (04)	815	569.75
Day Care (05)	480	117.25
Mentally and Physically Handicapped (06)	77	22.75
Pre/Post Natal (07)	127	52.50
Pre-School (08)	1,064	387.00
Career Counselling (09)	446	89.00
Seminars-staff presentations (19)	1,170	420.50
Seminars-staff education (29)	23	1,410.50
Unspecified (39)	154	376.25
Preventive Time Not Associated With Specific Program (0)	-	271.00
Total	100,783	11,053.25

N - number of "contacts' made by program. Due to the nature of some programs one individual may be counted more than once.

T - time spent on program (hours) by Dental Services field staff; includes time related to: travel
preparation
presentation
documentation.

TABLE 1
MAXIMUM NUMBER OF PERSONS RECEIVING CO-ORDINATED HOME CARE SERVICES[1]
BY REGION, JANUARY TO DECMEBER, 1983

REGION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
Central	681	672	689	699	725	721	727	747	751	748	745	731
Eastman	593	578	582	585	593	597	603	653	605	616	638	627
Interlake	687	689	716	727	731	746	738	721	741	723	744	734
Norman	282	282	288	286	288	295	292	289	291	291	291	286
Parkland	586	572	575	584	606	641	644	638	642	636	610	608
Thompson	82	74	70	75	79	75	79	84	89	90	84	80
Westman	1,301	1,207	1,175	1,153	1,156	1,147	1,137	1,139	1,137	1,138	1,155	1,146
Winnipeg	7,383	7,304	7,416	7,335	7,453	7,433	7,530	7,514	7,659	7,638	7,772	7,721
Total	11,595	11,378	11,511	11,444	11,631	11,655	11,750	11,785	11,915	11,880	12,039	11,933

[1]The maximum number of persons receiving home care during a month is greater than at month end, as admissions exceed discharges.

TABLE 2
HOME CARE PROGRAM CASELOAD MOVEMENT BY AGE GROUP
JANUARY 1 TO DECEMBER 31, 1983

CASELOAD	AGE 0-18	AGE 19-64	AGE 65+	TOTAL
At Beginning of January	268	2,047	8,331	10,646
Admissions	236	2,375	7,122	9,733
Discharges	240	2,277	6,902	9,419
At End of December[1]	265	2,135	8,600	11,000

[1]Year end count does not balance due to age reclassification and the fact that transfer in and out may not be reported in the same month. In 1983, 40 more transfers in than out were reported.

TABLE 3
HOME CARE PROGRAM; AVERAGE MONTHLY NUMBER OF PERSONS RECEIVING SELECTED SERVICES[1] BY CATEGORY - JANUARY TO DECEMBER, 1980 TO 1983

SERVICE[2]	AVERAGE MONTHLY NUMBER OF PERSONS			
	1980	1981	1982	1983
Nursing Service[3]	3,329	3,330	3,587	3,900
Auxiliary Service[4]	1,280	1,733	2,089	2,269
Therapy Services[5]	272	281	309	341
Home Help Service[6]	5,192	5,865	6,518	6,790

[1]In addition, Home Care Services include health supervision, health education, health counselling, social service counselling, as well as volunteer services such as shoppin friendly visiting and daily telephone reassurance.

[2]An individual can receive more than one category of service.

[3]Professional registered nursing services provided in the home.

[4]Services provided by L.P.N.'s, aids and orderlies.

[5]Includes occupational and physiotherapy services.

[6]Includes household duties and/or personal care.

NOTE: These statistics only include paid services and exclude services performed by public health nurses, social workers, and other departmental staff.

TABLE 4
NUMBER OF PERSONS ON THE WAITING LIST FOR PERSONAL CARE HOMES
AT END OF DECEMBER 1980 TO 1983

	1980	1981	1982	1983
Total Rural Area	1,079	893	717	803
Winnipeg	711	519	727	874
TOTAL	1,790	1,412	1,444	1,677

TABLE 5
PERCENTAGE OF PERSONS ON WAITING LIST RECEIVING HOME CARE
PENDING PLACEMENT, DECEMBER 1980 TO 1983

	1980	1981	1982	1983
Total Rural Area	36.3	36.2	36.7	31.0
Winnipeg	27.0	16.4	49.0	44.9
TOTAL	32.6	28.9	42.9	38.2

POOR

QUALITY

ORIGINAL